FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OIVID APPROVAL									
OMB Number:	3235-0287								
Estimated average h	nurdon								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

1. Name and Address of Reporting Person* <u>Drachman David J</u>					2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
				1	110	<u>arc, 11.</u>	<u>.c.</u> [21	inc j						X	Directo	r	:	L0% C	wner			
(Last) (First) (Middle)				3. 🗅	3. Date of Earliest Transaction (Month/Day/Year)							\dashv		Officer below)	Officer (give title pelow)		Other (specify below)					
6033 SCHUMACHER PARK DRIVE				02/	02/10/2009									President and CEO								
(Street) WEST CHESTE	R OI	H 4	15069		4. If Amendment, Date of Original Control of Children (1997)						Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(St	ate) (2	Zip)													Person		re than On	е кер	orting		
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	of, or	Ben	eficia	ally O	wned						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		Transaction Disposed Code (Instr. 5)			rities Acquired (A) ed Of (D) (Instr. 3,			nd S B O			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							v	Amount		(A) or (D)	Price	, т	Transaction(s) (Instr. 3 and 4)				(1130.4)					
Common	Stock			02/10	02/10/2009						81,17	'3	A	\$0	(1)	89,573		D				
		Та									sed of, onvertib				y Owr	ned						
				Transa Code (saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			nt		. Number o erivative ecurities beneficially bwned following teported ransaction nstr. 4)	Owne Form: Direct or Ind (I) (Ins	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

1. Mr. Drachman acquired these shares pursuant to a Restricted Stock Award under the AtriCure, Inc. 2005 Equity Incentive Plan. The shares will cliff vest and be released on May 10, 2009.

/s/ David J. Drachman

02/12/2009

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.