FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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ashington,	D.C.	20549	

wasnington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028		

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

## 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

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1. Name and Address of Reporting Person*  Privitera Salvatore						2. Issuer Name <b>and</b> Ticker or Trading Symbol AtriCure, Inc. [ ATRC ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
															Dire	ctor	10% (	Owner	
					-									X		er (give title		(specify	
(Last)	(Fi	rst) (	Middle)					t Tran	saction	(Mont	n/Day/Year)				belo	,	below	,	
6217 CENTRE PARK DRIVE					12/	12/31/2010								VP Engineering & Product Dev					
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
WEST														Line)					
CHESTE	'R OI	$\mathbf{H}$	45069											X	Forn	n filed by One	e Reporting Pers	son	
CIILOIL					_										Form filed by More than One Reporting Person				
(O:t- )	(0)	-4-1	<b>7</b> :\												Pers	OH			
(City)	(51	ate) (	Zip)																
		Tabl	e I - N	lon-Deriv	vative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or B	Benefic	ially (	Owne	ed			
1. Title of S	Security (Inst	r. 3)		2. Transac	tion							5. Amount o			6. Ownership	7. Nature			
				Date (Month/Da	v/Vear)	Execution Date, Year) if any			Transaction Disposed Of (D) (Instr. 3, 4			tr. 3, 4 an			ities icially	Form: Direct (D) or Indirect	of Indirect Beneficial		
(WORLIDAY)			yricarj	(Month/Day/Year)			8)				Own		d Following	(I) (Instr. 4)	Ownership				
									Ī.,		(A) or Dri		Repo		ted action(s)		(Instr. 4)		
									Code	V	Amount	(D)	Price			3 and 4)			
Common Stock 12/31/20				2010	10		A	V	1,052(1)	A	\$5.49	95 <sup>(2)</sup>	66,582		D				
		Ta	ble II	- Deriva	tive S	ecur	ities	Acai	iired.	Disn	osed of,	or Ber	neficia	lv Ov	vned				
											convertib								
1. Title of	2.	3. Transaction	3A. De		4.		5. Number		6. Date Exercisable and		7. Title and		8. Price of		9. Number o		11. Nature of Indirect Beneficial		
Derivative Security	Conversion or Exercise Price of	Date (Month/Day/Year)	Execution Date, if any		Transa Code (		of Derivative		Expiration Date (Month/Day/Year)			Amount of Securities		Deriv	ative	derivative Securities		Ownership Form:	
(Instr. 3)				/Day/Year) 8)		Securities		rities	Underlying				ying	(Instr. 5)		Beneficially	Direct (D)	Ownership	
	Derivative Security						Acquired (A) or						Derivative Security (Instr. 3			Owned Following	or Indirect (I) (Instr. 4)	(Instr. 4)	
County				Disposed			and 4)			., (	1		Reported	''' '					
			of (D) (Instr. 3, 4									Transaction (Instr. 4)	(s)						
							and 5)									(1115011 4)			
													Amount	1					
													or						
									Date		Expiration		Number of	' <b> </b>					
					Code	v	(A)	(D)	Exerci	isable	Date	Title	Shares						

## **Explanation of Responses:**

- 1. Shares acquired pursuant to the AtriCure, Inc. 2008 Employee Stock Purchase Plan for the period ended December 31, 2010.
- 2. Closing price on December 31, 2010 was \$10.27.

/s/ Salvatore Privitera

01/04/2011

\*\* 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.