FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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|-------------|------------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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| \Box | to Section 16. Form 4 or Form 5 obligations may continue. See | |
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| \cup | obligations may continue. See | |
| | Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities |
| | | or Section 30(h) of the Investment Compa |

| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (ADisposed Of (D) (Instr. 35) Amount (A) or (D) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---------|---------------|---|---|------------------------------|-----|---|--------|---------------------------------------|---|---|---|--|
| | | Table I - Non | -Derivative S | Securities Acq | uired, | Dis | oosed of, o | or Ben | eficially | Owned | | | |
| (City) | (State) | (Zip) | | | | | | | | | | | |
| PARK | ОН | 45174 | | | | | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Form filed by More than One Repor Person | | | |
| (Street) TERRACE | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Individual or Joint/Group Filing (Check Applicabline) X Form filed by One Reporting Person | | | |
| (Last) 2 OXFORD A | (First) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/25/2022 | | | | | | Officer (give title below) | Other below | (specify) | | |
| Name and Address of Reporting Person* Collar Mark A | | | | 2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC] | | | | | | ationship of Reporti k all applicable) Director | 10% (| Owner | |
| Instruction 1(I | b). | | ection 30(h) of the In | | | | 34 | nours | s per response: | 0.5 | | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| Derivative Security | | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|------------------------|--|---|--|---|---|---|-----|-----|--|--------------------|---|--|---|--|--|--|--|
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

Common Stock

- 1. The Reporting Person acquired these shares pursuant to a Restricted Stock Award under the AtriCure, Inc. 2014 Stock Incentive Plan. The shares will vest upon the one-year anniversary of the grant
- 2. The reporting person disclaims beneficial ownership of these securities, except as to his pecuniary interest therein.

Remarks:

/s/ Allison Walker as

Attorney-in-fact for B.

05/27/2022

5,300

Kristine Johnson

** 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.