FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL								
OMB Number:	3235-028							
Estimated average h	urden							

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

37 hours per response: 0.5

					or	Section	on 30(h)	of the i	Investme	nt Co	mpany Act	of 194	40						
1. Name and Address of Reporting Person* <u>Privitera Salvatore</u>					2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				wner	
(Last) (First) (Middle) 7555 INNOVATION WAY						3. Date of Earliest Transaction (Month/Day/Year) 03/01/2019									X Officer (give title Other (specify below) Chief Technology Officer				
(Street) MASON (City)			15040 Zip)		- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		Code	Transaction Disposed Of (D) (Instr. 3, 4				nd Se Be Ov	Amount of curities neficially wned Following	Foi (D)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	0	(A) or (D)	Price	Tra	Reported (Instr. 4) Transaction(s) (Instr. 3 and 4)			(instr. 4)
Common	Stock			03/01	L/ 20 19				A		10,562	2	A	\$0.0	0.00 ⁽¹⁾ 94,122 D				
Common	Stock			03/01	L/ 20 19				F		3,212	2)	D	\$30).77	90,910 D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Security (Instr. 3) Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) Signature (Month/Day/Year)		4. Transa Code (8)		on of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expirati (Month/	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Shares		ount nber	8. Price Derivati Security (Instr. 5)	ve derivative Securities	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

- 1. The Reporting Person acquired these shares pursuant to a Restricted Stock Award under the AtriCure, Inc. 2014 Stock Incentive Plan. One third of the shares will vest annually upon the respective one, two, and three year anniversaries of the date of grant.
- 2. The Reporting Person has elected to transfer these shares to the Company to satisfy the tax withholding obligation incurred upon the vesting and release of shares previously acquired pursuant to a Restricted Stock Award.

Remarks:

03/05/2019 /s/Salvatore Privitera

Date

** Signature of Reporting Person

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.