## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-028									

37 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 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person*				2. Issuer Name <b>and</b> Ticker or Trading Symbol AtriCure, Inc. [ ATRC ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>LUX ANDREW L</u>											1			Director			10% Ow		
														X	Officer below)	(give title		Other (s below)	pecify
(Last) (First) (Middle) 6217 CENTRE PARK DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 01/24/2014									See R	emar	ks			
(Street)					4. 1	If Ame	ndment, I	Date o	of Original F	iled	(Month/Day	y/Year)		6. Indi	vidual or J	oint/Group	Filing	(Check App	licable
WEST			<b></b>						-					Line)			_		
CHESTE	er O	Н	45069											X	Form filed by One Reporting Person  Form filed by More than One Reporting				
					_										Person		e tnan	One Report	ting
(City)	(S	tate)	(Zip)																
		Tal	ble I - Nor	n-Deriv	vativ	e Se	curitie	s Ac	guired, I	Disi	posed o	f, or Be	nefic	ially	Owned				
1. Title of S	Security (Inst			2. Trans		_	2A. Deem		3.	_	1	ies Acquir			5. Amou	nt of	6. Ov	nership 7	7. Nature of
Date (Month/I				n/Day/Yo		Execution Date, if any (Month/Day/Year)				Of (D) (Instr. 3, 4 and		and 5)	Securitie Beneficia				Indirect Beneficial		
								r) 8) `					Owned F Reported					Ownership (Instr. 4)	
								Code	٧	Amount	(A) or (D)		ice	Transaction(s) (Instr. 3 and 4)					
Common Stock 01/24				24/201	1/2014		A		7,500	7,500 A \$0		).00 <sup>(1)</sup>	27,729			D			
			Table II -	Deriva	ative	Sec	urities	Aca	uired. Di	ispo	sed of.	or Ben	eficia	allv C	Owned			<u> </u>	
									, option	•				•					
1. Title of Derivative Security (Instr. 3)	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)				6. Date Exercisabl Expiration Date Month/Day/Year)		of Securities			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	tive ties cially I ing ted action(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Γ						T				ount					
									B-4-	Ι.	F i 4i		or Nun	nber					
				- 1	Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	of Sha	res					
Stock Option (right to	\$21.04	01/24/2014			A		10,000		01/24/2015 <sup>0</sup>	(2)	01/24/2024	Common Stock	10,	000	(3)	10,000	0	D	
Option	\$21.04	01/24/2014			A		10,000		01/24/2015	(2)	01/24/2024		10,	000	(3)	10,000	0	D	

#### **Explanation of Responses:**

- 1. The Reporting Person acquired these shares pursuant to a Restricted Stock Award under the AtriCure, Inc. 2005 Equity Incentive Plan. The shares will vest 25% annually over four years from date of grant.
- 2. The option vests and is exercisable as to 25% of the shares one year from the date of grant, and the remaining 75% thereafter vests and is exercisable in equal monthly installments on the same day of the month over the following three years.

3. Not applicable

### Remarks:

SVP, Operations & Quality Assurance

01/28/2014 /s/ Andrew L. Lux

\*\* 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.