FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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

1. Name and Address of Reporting Person* <u>CARREL MICHAEL H</u>						2. Issuer Name and Ticker or Trading Symbol										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
						AtriCure, Inc. [ ATRC ]								1		Direc	,	10%	Owner		
(Last) (First) (Middle) 6217 CENTRE PARK DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 12/31/2014									X Officer (give title below)  President, (			Othe belov EO, & Direct	,		
(Street) WEST CHESTER OH 45069  (City) (State) (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						
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, o	r Ben	efici	ally O	wne	d				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities A Disposed Of (I 5)						4 and See Be Ow		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price	,  т	Reported Transaction(s) (Instr. 3 and 4)			(111511.4)		
Common Stock 12/31/						/2014				V	533(1)		A	\$15	.7 <sup>(2)</sup>	137,707		D			
		Та									sed of, onvertib					ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, Trans Code			of I		6. Date E Expiratio (Month/D	n Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount			9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisa		Expiration Date	Title	of	nber ıres							

## **Explanation of Responses:**

- 1. Shares acquired pursuant to the AtriCure, Inc. 2008 Employee Stock Purchase Plan for the period ended December 31, 2014.
- 2. Closing price on December 31, 2014 was \$19.96.

## Remarks:

/s/ M. Andrew Wade as

Attorney-In-Fact for Michael

H. Carrel

\*\* Signature of Reporting Person

Date

01/02/2015

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.