FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| 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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* ROBARDS KAREN P | | | | | | | 2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC] | | | | | | | | heck all | ship of Reportir applicable) irector | ng Person(s) to | ssuer Owner | |
|--|---|--|------------------------|---|--------|---|---|-----------|---|------------------|---------------------|---|------------------------------|--|---|--|--|----------------|--|
| (Last) (First) (Middle) 173 RIVERSIDE DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/29/2009 | | | | | | | | | | fficer (give title elow) | Other below | (specify) | |
| (Street) NEW YORK NY 10024 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) <mark>X</mark> F | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tab | le I - Nor | n-Deriv | ative/ | Sec | uritie | s Ac | quired, | Dis | osed o | f, or | Bene | eficia | lly Ov | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date | | | Code (Instr. 5) | | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | Amount | (1 | A) or D) | Price | Tra | nsaction(s) str. 3 and 4) | | (1130.14) | | | | |
| Common | Stock | 9/2009 | /2009 | | A | | 1,860 | | A | \$0 ⁰ | 1) | 293,081 | D | | | | | | |
| | | Ta | able II - D) | | | | | | | | sed of, onvertib | | | | Own | ed | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | sion Date cise (Month/Day/Year) i ve (| Execution Date, if any | 4. Transaction Code (Instr. 8) | | | | Expiratio | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price Derivati Security (Instr. 5) | derivative Securities | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Restricted shares awarded pursuant to the AtriCure, Inc. 2005 Equity Incentive Plan for services as a director. The shares will vest and be released on July 29, 2010.

/s/ Julie A. Piton as Attorneyin-Fact for Karen P. Robards

07/31/2009

** 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.