FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OWR APPRO	VAL						
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* CARREL MICHAEL H						2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
CARREL WICHAEL II																ctor	10% (Owner	
(Last) (First) (Middle)							Date of Earliest Transaction (Month/Day/Year)								Offic belov	er (give title w)	Other below	(specify)	
7555 INNOVATION WAY						03/01/2016									Pr	President, CEO, & Director			
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi	6. Individual or Joint/Group Filing (Check Applicable Line)				
MASON	MASON OH 45040													X	Form filed by One Reporting Person				
(City)	(State) (Zip)															Form filed by More than One Reporting Person			
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired,	Dis	posed o	f, or E	Benef	icially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date			3. Transaction Code (Instr. 8) 4. Securiti Disposed							6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or F	Price	Transa	action(s) 3 and 4)		(
Common Stock 03/01/2							2016		A		225,000		4 5	\$0.00 ⁽¹⁾	538,902		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of		6. Date E Expiration (Month/E	n Dat		Amount of Securities Underlying Derivative Security (Instr. and 4)		Der Sec (Ins	rice of ivative curity ctr. 5)	tive derivative Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amou or Numb of Share	er					

Explanation of Responses:

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 25% annually over four years from date of grant.

Remarks:

/s/ Michael H. Carrel 03/03/2016

** 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.