FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20	549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

5. Relationship of Reporting Person(s) to Issuer

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

2. Issuer Name and Ticker or Trading Symbol

1. Name and Address of Reporting Person* <u>CARREL MICHAEL H</u>				2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]						(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Own				
(Last) (First) (Middle) 7555 INNOVATION WAY			3. Date of Earliest Transaction (Month/Day/Year) 12/23/2020						X	Officer (give title Other (specify below) President, CEO, & Director					
(Street) MASON OH 45040 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc Line)				
		Ta	ıble I - Nor	n-Deriv	ative S	ecurities Acc	quired	, Dis	posed of,	or Ben	eficially	Owned			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 1)				(A) or 3, 4 and 5)	5. Amount of Securities Beneficially Owned Followi Reported		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	Transacti (Instr. 3 a	on(s)		(iiisti. 4)
Common Stock		12/23/2020			M		47(1)	A	\$21.04	504,551		D			
Common Stock			12/23/2020			S		47(2)	D	\$58	504,504		D		
Common Stock		12/28/2020			M		24,953(1)	A	\$21.04	529,457		D			
Common Stock 12/28.					/2020		S		24,953(2)	D	\$58	504	,504	D	
						curities Acqu lls, warrants,						Owned			
1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year) 2. Conversion Date Execution Date (Month/Day/Year) 3. Transaction Date Execution Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 4. Conversion Date (Month/Day/Year) 5. Conversion Date (Month/Day/Year)			ansaction Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		Derivative derivation Security Securiti		e Ownersi s Form: Direct (E or Indire g (I) (Instr.	Beneficial Ownership ct (Instr. 4)			

buy) Explanation of Responses:

\$21.04

\$21.04

1. These shares were exercised pursuant to a 10b5-1 trading plan.

12/23/2020

12/28/2020

- 2. These shares were sold pursuant to a 10b5-1 trading plan.
- 3. Options to purchase shares in 25,000 increments were granted on January 24, 2014 and vest at each Option Trigger Event. "Option Trigger Event shall mean the volume adjusted weighted average closing price of common stock of the Company as reported by NASDAQ (or any other exchange on which the common stock of the Company is listed) for 30 consecutive days equals or exceeds each of \$10.00 per share, \$12.50 per share, \$17.50 per share, \$17.50 per share, \$20.00 per share, \$25.00 per share, \$30.00 per share, \$35.00 per share and \$40.00 per share.

Date

Exercisable

03/10/2014(3)

03/10/2014(3)

Expiration

01/24/2024

01/24/2024

Title

Commo

Stock

Remarks:

Stock Option (Right to

Buy) Stock Option

(Right to

/s/ Michael H. Carrel

12/28/2020

Transaction(s)

199,953

175,000

D

(Instr. 4)

** Signature of Reporting Person

Amount

or Number

Shares

47

24,953

\$0.00

\$0.00

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).

Code ٧

M

(A) (D)

47⁽¹⁾

24,953(1)

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.