FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

hours per response:

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

Name and Address of Reporting Person* Dreschmen Devid I						2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Drachman David J</u>														X Directo	r		10% Ow	ner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/23/2012							_		Officer (give title below)		Other (specify below)		
6217 CENTRE PARK DRIVE														Pres	President, CEO and Director				
(Street)							4. If Amendment, Date of Original Filed (Month/Day/Year)							ndividual or J	licable				
WEST OH 45069														e) <mark>X</mark> Form f	Form filed by One Reporting Person				
(City)	(6	toto)	/7in)		_									Form filed by More than One Reporting Person				ing	
(City)	(5	tate)	(Zip)																
		Tal	ole I - No	n-Deri	ivativ	e Se	curi	ties Ac	quired,	Dis	posed of	f, or Bei	neficial	y Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.				5) Securitie Benefici Owned F	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Direct I Indirect E tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D) Price		Transac						
Common Stock 05/23/3						2012		М		24,553 A		\$1.3	3 482	482,978		D			
Common Stock 05/23/2					3/201	/2012		S		12,755	1) D	\$8.13	(2) 470	470,223		D			
			Table II -								osed of, convertib			Owned					
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 Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)		Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Incentive Stock Option (right to	\$1.33	05/23/2012			M		.,		10/14/200		10/14/2012	Common Stock	24,553	\$0.00	0		D		

Explanation of Responses:

- 1. The Reporting Person intends to apply proceeds from the disposition of these shares to the payment of taxes and other costs incurred in connection with the exercise of options reported separately.
- 2. This transaction was executed in multiple trades at prices ranging from \$8.07 to \$8.18 per share. The price reported above reflects the weighted average purchase price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- 3. These options were granted on October 14, 2002 and are exercisable cumulatively at a rate of 25% per annum beginning on October 14, 2003 (one year from grant date).

<u>/s/ David J. Drachman</u> <u>05/24/2012</u>

** 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.