FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	Check this box if no longer subject to									
$\neg$	Section 16. Form 4 or Form 5									
J	obligations may continue. See									
	Instruction 1(b).									

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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Name and Address of Reporting Person*  Wade M. Andrew							2. Issuer Name <b>and</b> Ticker or Trading Symbol AtriCure, Inc. [ ATRC ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u>wade n</u>	<u>1. Andrev</u>	<u>V</u>			1-	intoure, inc. [ miles ]									D	irector	10%	Owner		
-																fficer (give title		er (specify		
(Last)	(Fi	rst) (	Middle)		3. 0	ate of	Earlies	t Trans	saction (	Month	/Day/Year)				be	elow)	belo	,		
6217 CENTRE PARK DRIVE							06/30/2014								VP and Chief Financial Officer					
0217 CE.	WIKE IAK	KDKIVE																		
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
WEST	0.1	T .													Line)  X Form filed by One Reporting Person					
CHESTE	ir OI	H 45069																		
					_												n filed by More than One Reporting			
(City) (State) (Zip)															Person					
(City)	(51	ate) (	Zip)																	
		Tabl	e I - No	on-Deriv	vative	Sec	uritie	s Ac	quired	l, Di	sposed o	f, or l	Ben	eficia	ally Ow	ned				
1. Title of S	Security (Inst	r. 3)		2. Transa	ction	on 2A. Deemed 3. 4. Securities Acquired (A) of									Amount of	6. Ownership	7. Nature			
	, ,	•		Date (Month/D	au/Voar	Execution Date, /Year) if any			Transaction Disposed Of (D) (Instr. 3, 4			8, 4 and		curities neficially	Form: Direct (D) or Indirect	of Indirect Beneficial				
l (M					ayı i cai	(Month/Day/Year)		Code (Instr. 8)					Ow	ned Following	(I) (Instr. 4)	Ownership				
											(A) or (D) Price				ported nsaction(s)		(Instr. 4)			
									Code	٧			Amount	Price		str. 3 and 4)				
Common Stock 06/30/20						014		A	V	433(1)	A		\$15.3	3(2)	52,747	D				
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1. Title of	2.	3. Transaction	3A. Dee		4.		5. Number		6. Date Exercisable and			7. Title and			8. Price			11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any	on Date,	Date, Trans Code		of Derivative						ount of urities		Derivativ Security		Ownershi Form:	p of Indirect Beneficial		
(Instr. 3)	Price of	(World // Day/ Teal)			8)	msu.	Securities		(Month/Day/Year) Securiti				lying		(Instr. 5)	Beneficially	Direct (D)	Ownership		
	Derivative Security							Acquired		Derivative Security (Instr				otr 2		Owned Following	or Indirec			
	Security							(A) or Disposed of (D) (Instr. 3, 4 and 5)		and 4)				isu. 3		Reported	(I) (Instr. 4	'		
																Transaction	ı(s)			
																(Instr. 4)				
													Δm	ount						
													or							
			l			l			Date		Expiration		Nur	mber						
					Code	v	(A)	(D)	Exercis	able	Date	Title	Sha	ares						

## **Explanation of Responses:**

- 1. Shares acquired pursuant to the AtriCure, Inc. 2008 Employee Stock Purchase Plan for the period ended June 30, 2014.
- 2. Closing price on June 30, 2014 was \$18.38.

## Remarks:

/s/ M. Andrew Wade

07/02/2014

\*\* 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.