Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
to Section 16. Form 4 or Form 5	
obligations may continue. See	

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

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* <u>GROVES REGINA E</u>					2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]							(Ch	eck all app	nship of Reporting P Il applicable) Director		Person(s) to Issuer 10% Owner			
(Last)	(Fir	st) (N	Middle)	-	3. Date of Earliest Transaction (Month/Day/Year) 05/13/2024									Office below	er (give title		Other (s below)	specify	
7555 INNOVATION WAY					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														Form filed by One Reporting Person					
MASON	OH	I 4	45040-9695											Form filed by More than One Reporting Person					
(City)	(City) (State) (Zip)				Rul	Rule 10b5-1(c) Transaction Indication													
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or writte satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									ten plan	that is inter	nded to							
		Table	I - Non	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	eficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execu ay/Year) if any		Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8) 4. Sec Dispos		Disposed (ties Acquired (A I Of (D) (Instr. 3,		(A) or 3, 4 an	d Securit Benefic Owned			Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common	Stock			05/13/	2024		A		7,788(1)	1	A \$0		30,766			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)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Deriv	r osed) r. 3, 4	Expirati	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y [0	10. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)			Expiration Date	Title	Amo or Num of Sha	.					

Explanation of Responses:

1. The Reporting Person acquired these shares pursuant to a Restricted Stock Award under the AtriCure, Inc. 2023 Stock Incentive Plan. The shares will vest upon the one-year anniversary of the grant

Remarks:

/s/ Allison Walker as

Attorney-in-fact for Regina E. 05/14/2024

Groves

** 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.