FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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* <u>Hooven Michael D</u>				2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ ATRC ]								(Chec	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner				
(Last) 7778 BEI	(Fi	•	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)  09/12/2012  Officer (give title below)  Other (specify below)												
(Street) CINCINNATI OH 45241					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
(City)	(St		(Zip)	n Doriva	tivo S	Socuriti	ios Ao	auirod	Dic	enosod o	f or B	onof	icially	Own			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. Transaction Code (Instr.					or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
					Code	v	Amount	(A) ( (D)	r Pr	ice	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common	Stock			09/12/2	012			P		1,150	A	\$	7.095	68	3,394	D	
Common	Stock													1	,121	I	Held by Son <sup>(1)</sup>
Common	Stock													33	4,211	I	Michael D. Hooven 2004 Trust FBO Michael <sup>(2)</sup>
Common	Stock													33	4,211	I	Michael D. Hooven 2001 Trust FBO Susan <sup>(3)</sup>
Common Stock													18	3,421	I	Susan Spies 2004 Children's Trust <sup>(4)</sup>	
		Ta								osed of, o				wned			
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Month/Day/Year)  3. Transaction Date (Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  4. Transaction Date (Imprise of Derivative Security)			ransact Code (Ins		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Dei Sed (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
	of Posnons			c	Code V	, (A)	(D)	Date Exercisa		Expiration Date	Title	Amou or Numb of Share	er				

## Explanation of Responses:

- 1. The Reporting Person disclaims beneficial ownership of these securities.
- 2. Held by Michael D. Hooven 2004 Trust FBO Michael. Mr. Hooven disclaims beneficial ownership of these securities, except as to his pecuniary interest therein.
- 3. Held by Michael D. Hooven 2004 Trust FBO Susan. Mr. Hooven disclaims beneficial ownership of these securities, except as to his pecuniary interest therein.
- 4. Held by Susan Spies 2004 Children's Trust. These shares are held in trust for the benefit of the Reporting Person's son. Reporting person is the trustee of that trust. Mr. Hooven disclaims beneficial ownership of these securities, except as to his pecuniary interest therein.

/s/ Michael D. Hooven

09/13/2012

\*\* 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.