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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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

(Last) (First) (Middle) 6217 CENTRE PARK DRIVE 3. Date of Earliest Transaction (Month/Day/Year) 03/02/2015 4. If Amendment, Date of Original Filed (Month/Day/Year) WEST CHESTER OH 45069 (City) (State) (Zip) 6. Individual or Joint/Group Line) X Form filed by More Person	AtriCure, Inc. [ATRC] (Check all applicable Director	tor 10% Owner
WEST CHESTER (City) (State) (Zip) Line) X Form filed by One Form filed by More Person	(Middle) 3. Date of Earliest Transaction (Month/Day/Year) below)	below) and GM, International
	45069 Line) X Form filed Form filed	oint/Group Filing (Check Applicable ed by One Reporting Person ed by More than One Reporting
	(Zip)	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned	ole I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned	
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) Securities Beneficially Owned Following Reported	Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) Beneficially (Month/Day/Year) 8) Disposed Of (D) (Instr. 3, 4 and Securities Beneficially Owned Follow)	Form: Direct of Indirect (D) or Indirect Beneficial Ollowing (I) (Instr. 4) Ownership
Code V Amount (A) or (D) Price Transaction(s) (Instr. 3 and 4)	Code V Amount (A) or Price Transaction	on(s)
Common Stock 03/02/2015 A 30,000 A \$0.00 ⁽¹⁾ 63,579	03/02/2015 A 30,000 A \$0.00 ⁽¹⁾ 63,579	579 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) (Instr. 4)	Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Transaction Code (Instr. 8) Expiration Date (Month/Day/Year) Expiration Date (Month/Day/Year) Expiration Date (Month/Day/Year) Expiration Date (Month/Day/Year) Derivative Securities Underlying Derivative Security (Instr. 3 and 4) Own Folio Report Trans (Instr. 4 and 5)	orivative courties Form: Direct (D) or Indirect Beneficial Direct (D) or Indirect (I) (Instr. 4) collowing eported ansaction(s)

Explanation of Responses:

1. The Reporting Person acquired these shares pursuant to a Restricted Stock Award under the AtriCure, Inc. 2014 Stock Incentive Plan. The shares will vest 25% annually over four years from date of grant.

Remarks:

/s/ M. Andrew Wade as Attorney-in-Fact for Patricia J. 03/04/2015 **Kennedy**

** 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.