FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden

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

1. Name and Address of Reporting Person* <u>Hooven Michael D</u>				2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]						Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner								
(Last) 7778 BEN	(Fi	rst) N DR	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/14/2012								Office below	er (give title v)	Othe belov	r (specify v)	
(Street)	NATI O	Н	45241		4. If A	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	ate)	(Zip)		<u> </u>													
1 Title of S	ecurity (Inst		ole I - No	on-Deriv				quired, Disposed of							6. Ownership	7. Nature of		
1. Title of Security (Instr. 3)			Date (Month/Day/Yea		Execution Date,	Transaction Code (Instr. 8)				and 5)	Securit Benefic Owned	curities neficially vned Following	Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership				
								Code	v	Amount	(A) 01 (D)	Pric	e		ed ction(s) 3 and 4)		(Instr. 4)	
Common :	Stock			09/14/2	2012			P		500	A	\$7	.6535	70	0,004	D		
Common !	Stock			09/14/2	2012			P		200	A	\$	7.67	70),204	D		
Common !	Stock			09/14/2	2012			P		340	A	\$	7.75	7(),544	D		
Common S	Stock			09/14/2	2012			P		5	A	\$	7.73	70),549	D		
Common !	Stock													1	,121	I	Held by Son ⁽¹⁾	
Common S	Stock													33	4,211	I	Michael D. Hooven 2004 Trust FBO Michael ⁽²⁾	
Common S	Stock													33	4,211	I	Michael D. Hooven 2004 Trust FBO Susan ⁽³⁾	
Common S	Stock													18	3,421	I	Susan Spies 2004 Children's Trust ⁽⁴⁾	
			Гable II -							osed of, convertib				wned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) if any (Month/Day/		med on Date,	4. Transaction Code (Instr. B)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exercion Da	isable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price Derivati Security (Instr. 5	ivative curity	tive derivative ty Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
Explanation	-f-Davis				Code	v	(A) (D)	Date Exercis	able	Expiration Date	Title	Amour or Number of Shares	er					

- 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

09/17/2012

** 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.