FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20049

OMB APPROVAL

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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

Name and Address of Reporting Person*     Lucky James L						2. Issuer Name <b>and</b> Ticker or Trading Symbol AtriCure, Inc. [ ATRC ]									5. Relationship of Reporting Person(s) to Issue (Check all applicable)  Director 10% Own			Owner
(Last) (First) (Middle) 6217 CENTRE PARK DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 08/06/2010									belo	fficer (give title Other (spec below)  P, Regulatory Affairs and QA		)``	
(Street) WEST CHESTER OH 45069				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable le)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (	Zip)															
			e I - Nor			_			· ·	Dis								
Date				ate Exc Ionth/Day/Year) if a			A. Deemed Execution Date, f any Month/Day/Year)							Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		A) or D)	Drice Tran		action(s) 3 and 4)		(Instr. 4)
Common Stock 08/06/					6/2010	/2010			S		2,510	)	D	\$6.51	47,925		D	
Common Stock 08/06/					6/2010	)					990		D	\$6.52	6.52 46,935		D	
		Та	ble II - D								sed of, onvertib				Owned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		ı of		6. Date Exercisa Expiration Date (Month/Day/Yea		•	7. Title and Amount of Securities Underlying Derivative Security (Insti and 4)		Di Se (II	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber				

Explanation of Responses:

/s/ James L. Lucky

08/10/2010

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).