Wade M. Ar	ndrew									
Form 4	2019									
January 08, 2									PPROVAL	
	UNITED ST		SECURITIES AND EXCHANGE COM Washington, D.C. 20549				COMMISSION	OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instr	6. Filed pursuat sinue. Filed 17(a) o	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section					burden hou response	Expires: January 31, 2005 Estimated average burden hours per response 0.5		
1(b).	uction			· · · ·						
(Print or Type I	Responses)									
1. Name and A Wade M. A	uer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer					
			re, Inc. [A'	-			(Chec	k all applicable	:)	
(Month/I			Date of Earliest Transaction onth/Day/Year) /29/2017				Director 10% Owner X Officer (give title Other (specify below) below) SVP and CFO			
			mendment, Date Original			6. Individual or Joint/Group Filing(Check				
MASON, O	(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State) (Zip)	Tab	le I - Non-D	erivative S	lecuri	ties Acc	uired, Disposed of	f or Beneficial	lv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 24 (Month/Day/Year) Ex	A. Deemed A. Deemed	3. Transactio Code (Instr. 8)	4. Securi on(A) or Di (D)	ties A spose 4 and (A) or	cquired d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial	
Stock	12/29/2017		A V	571 <u>(1)</u>	А	15.5 (2)	162,521	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title Amoun Underl Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addre	ess	Relationships							
	Director	10% Owner	Officer	Other					
Wade M. Andrew 7555 INNOVATION WAY MASON, OH 45040			SVP and CFO						
Signatures									
/s/ M. Andrew Wade	01/08/2018								

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) Shares acquired pursuant to the AtriCure, Inc. 2008 Employee Stock Purchase Plan for the period ended December 31, 2017.
- (2) Closing price on December 29, 2017 was \$18.24.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.