AtriCure, Ir Form 4 May 20, 200 FORN Check t if no lor subject Section Form 4 Form 5 obligation may con <i>See</i> Inst 1(b).	08 A 4 UNITED S his box his box nger STATEM 16. or Filed purs Section 17(a)	V IENT OF CHA	Vashington ANGES IN SECUI n 16(a) of th Utility Hol	h, D.C. 2 BENEI RITIES he Secur Iding Co	0549 FICL ities I mpar	AL OW Exchang ny Act o	COMMISSION NERSHIP OF ge Act of 1934, f 1935 or Sectio 40	OMB Number: Expires: Estimate burden h response	January 31, 2005 d average ours per		
1. Name and Wrubel Lee	Address of Reporting I e R	Symb	suer Name an bl Sure, Inc. [<i>I</i>		or Trad	ing	5. Relationship o Issuer				
(Last) 6033 SCHU DRIVE	(First) (M UMACHER PARK	fiddle) 3. Dat (Mont	e of Earliest T h/Day/Year) 9/2008	-	1		(Che X Director Officer (give below)		ble) 0% Owner Other (specify		
				nendment, Date Original onth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
(City)	(State)	(Zip) T	able I - Non-	Derivativ	e Secu	rities Ac	quired, Disposed o	f, or Benefic	cially Owned		
1.Title of Security (Instr. 3)		2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			ispose 4 and (A) or	cquired d of (D) 5) Price	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 Ownership (Instr. 4)		
Common Stock	05/19/2008		S	Amount 8,201	D	\$ 11	287,516	I	Held by Foundation Medical Partners, LP (1)		
Common Stock	05/19/2008		S	900	D	\$ 11.01	286,616	I	Held by Foundation Medical Partners, LP		
Common Stock	05/19/2008		S	500	D	\$ 11.02	286,116	I	Held by Foundation		

									edical rtners, LP	
Common Stock	05/19/20	08	S	99	D \$ 11.0	286,017	7 I	Fo M	eld by undation edical rtners, LP	
Common Stock	05/19/20	08	S	100	D \$ 11.0	285,917	7 I	Fo M	eld by undation edical rtners, LP	
Common Stock	05/19/20	08	S	100	D \$ 11.0	285,81 [°]	7 I	Fo Me	eld by undation edical rtners, LP	
Common Stock	05/19/20	08	S	100	D \$ 11.0	06 ^{285,71}	7 I	Held by Foundation Medical Partners, LP (1)		
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) 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)										
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. Transacti Code (Instr. 8)	5. orNumber of Derivativ Securitie Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	s I	Date	7. Title and Amount of Underlying Securities (Instr. 3 and	8. Price of Derivative Security (Instr. 5)4)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Amou or Title Numl of Share	per	

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer Other				
Wrubel Lee R 6033 SCHUMACHE WEST CHESTER, C	Х							
Signatures								
/s/ Lee R. Wrubel	05/20/2008	3						
<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) Dr. Wrubel is a general partner of Foundation Medical Partners, LP. Dr. Wrubel disclaims beneficial ownership of the securities held by Foundation Medical Partners, LP, except as to his pecuniary interest therein.

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.