AtriCure, Inc. Form 4 July 02, 2015

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C., 20549

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or Washington, D.C. 20549

Expires: January 31, 2005

Form 4 or Form 5 obligations STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 5 obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

2. Issuer Name **and** Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

Seith Douglas J

AtriCure, Inc. [ATRC]

(Check all applicable)

(Last)

(First) (Middle)

3. Date of Earliest Transaction

____ Director _____ 10% Owner ____ Officer (give title _____ Other (speci

6217 CENTRE PARK DRIVE

(Street)

(Month/Day/Year) 06/30/2015

ficer (give title ____ Other (specify below)

Chief Operating Officer

6. Individual or Joint/Group Filing(Check

4. If Amendment, Date Original 6
Filed(Month/Day/Year)

Applicable Line)
X Form filed by One Reporting Person
___ Form filed by More than One Reporting

Person

below)

WEST CHESTER, OH 45069

(City)	(State)	(Zip) Tabl	e I - Noi	n-D	erivative S	Secur	ities Acqu	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security	2. Transaction Date (Month/Day/Year)	3. 4. Securities A Transaction(A) or Dispose				•	5. Amount of Securities	6. Ownership	7. Nature of Indirect		
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8	· /			5)	Beneficially Owned	Form: Direct (D) or	Beneficial Ownership	
								Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)	
			G 1	T 7		(A)	ъ.	Transaction(s) (Instr. 3 and 4)			
Common			Code	V	Amount 1,027	(D)	Price \$				
Stock	06/30/2015		A	V	(1)	A	16.81 (2)	125,215	D		
Common Stock								3,500	I	Held by spouse (3)	

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

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SEC 1474

(9-02)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ration Date		t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A manuat		
									Amount		
						Date	Expiration		Or Number		
						Exercisable	Date	Title Nu	Number		
				C + V	(A) (D)						
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

> 10% Owner Officer Other Director

Seith Douglas J

6217 CENTRE PARK DRIVE **Chief Operating Officer**

WEST CHESTER, OH 45069

Signatures

/s/ M. Andrew Wade as Attorney-in-Fact for Douglas J. 07/02/2015 Seith

> **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 June 30, 2015.
- (2) Closing price on June 30, 2015 was \$24.64.
- (3) The Reporting Person disclaims beneficial ownership of these securities, 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.

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