AtriCure, Inc. Form 4 May 26, 2016							
	ES SECURITIES AND EXCHANGE ( Washington, D.C. 20549	OMB APPROVAL COMMISSION OMB Number: 3235-0287					
Subject to Section 16. Form 4 or Form 5 obligations may continue. Filed pursuant to Section 17(a) of th	Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESLanuary 31, 2005Stratement of Section 16. Form 4 or Form 5 obligations may continue. See InstructionStratement of the Securities Exchange Act of 1934, 30(h) of the Investment Company Act of 1940Expires:January 31, 2005Support Estimated average burden hours per response0.5						
(Print or Type Responses)							
1. Name and Address of Reporting Person <u>*</u> ROBARDS KAREN P	2. Issuer Name <b>and</b> Ticker or Trading Symbol AtriCure, Inc. [ATRC]	5. Relationship of Reporting Person(s) to Issuer					
(Last) (First) (Middle)	3. Date of Earliest Transaction	(Check all applicable)					
173 RIVERSIDE DRIVE	(Month/Day/Year) 05/25/2016	X_ Director 10% Owner Officer (give title Other (specify below) below)					
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person					
NEW YORK, NY 10024		Form filed by More than One Reporting Person					
(City) (State) (Zip)	Table I - Non-Derivative Securities Act	quired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. D. Execu any (Month/Day/Year)	· · · · · · · · · · · · · · · · · · ·	Beneficially(D) orBeneficialOwnedIndirect (I)OwnershipFollowing(Instr. 4)(Instr. 4)ReportedTransaction(s)(Instr. 3 and 4)					
Common 05/25/2016 Stock	M 10,000 A <sup>\$</sup> 7.99	323,328 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)

## Edgar Filing: AtriCure, Inc. - Form 4

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. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		· · · ·		7. Title and Ame Underlying Secu (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Ai or Ni of
Stock Option (right to buy)	\$ 7.99	05/25/2016		М		10,000	06/21/2007 <u>(1)</u>	06/21/2016	Common Stock	1
Stock Option (right to buy)	\$ 14.99	05/25/2016		A	10,000		05/25/2017 <u>(2)</u>	05/25/2026	Common Stock	1

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
ROBARDS KAREN P 173 RIVERSIDE DRIVE NEW YORK, NY 10024	Х			
Signatures				
/s/ M. Andrew Wade as Attorney-in-Fact for Karen P. Robards			05/26/2016	

\*\*Signature of Reporting Person

**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).

These options were granted on June 21, 2006 and are exercisable commencing on the earlier of (i) the anniversary of the date of grant and(1) (ii) the date on which the Company's annual meeting of stockholders is held that year, provided the Reporting Person is a director immediately prior to such annual meeting.

Date

Exercisable cumulatively at a rate of 33.33% per annum commencing on the earlier of (i) the anniversary of the date of grant and (ii) the(2) date on which the Company's annual meeting of stockholders is held that year, provided the Reporting Person is a director immediately prior to such annual meeting.

(3) Not applicable

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.