Edgar Filing: Privitera Salvatore - Form 4

| Privitera Salv | atore | | | | | | | | | |
|--|--|---|--|-------------------------------------|--------|---|--|--|-----------|--|
| Form 4 | 10 | | | | | | | | | |
| March 05, 20 | | | | | | | | | PPROVAL | |
| FORM | 4 UNITED S | | CURITIES A Washington, | | | IGE (| COMMISSION | | 3235-0287 | |
| if no longe subject to Section 16 Form 4 or Form 5 obligation may contin | Check this box if no longer subject to Section 16. Form 4 or 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 | | | | | | January 31 Expires: 2005 Estimated average burden hours per response 0.5 | | | |
| (Print or Type R | esponses) | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Privitera Salvatore | | | 2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) 7555 INNOVATION WAY | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2018 | | | | Director 10% Owner X Officer (give title Other (specify below) below) Chief Technology Officer | | | |
| | (Street) | . If Amendment, Date Original iled(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| MASON, OF | H 45040 | | | | | | Form filed by M Person | Nore than One Re | eporting | |
| (City) | (State) (| Zip) | Fable I - Non-D | Derivative S | ecurit | ies Acq | uired, Disposed of | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date any (Month/Day/Y | Code | on(A) or Dis (D) (Instr. 3, 4 | sposed | 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) | | |
| Common Stock | 03/01/2018 | | A | 21,174 | A | \$ 0 (1) | 87,174 | 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) | 4. Transactic Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | ınt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addu | ess | | Relationships | | | | |
|---|------------|-----------|--------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Privitera Salvatore 7555 INNOVATION WAY MASON, OH 45040 | 7 | | Chief Technology Officer | | | | |
| Signatures | | | | | | | |
| /s/ Salvatore Privitera | 03/05/2018 | | | | | | |
| <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) The Reporting Person acquired these shares pursuant to a Restricted Stock Award under the AtriCure, Inc. 2014 Stock Incentive Plan. One third of the shares will vest annually upon the respective one, two, and three year anniversaries of the date of grant.

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.