## AtriCure, Inc. Form 3 September 03, 2013 **FORM 3** UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB 3235-01

## INITIAL STATEMENT OF 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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Title of Derivative Security

(Instr. 4)

1. Name and Add Person <u>*</u> Drake Scot	-	orting	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]						
	(First)	(Middle)	09/03/2013	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)			
6638 LEGEND RIDGE TRAIL (Street) NIWOT, CO 80503				(Check all applicable) <u>X</u> Director 10% Owner Officer Other (give title below) (specify below)		Owner	<ul> <li>6. Individual or Joint/Group</li> <li>Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting</li> <li>Person</li> <li> Form filed by More than One</li> <li>Reporting Person</li> </ul>			
(City)	(State)	(Zip)	Table I - N	Non-Derivat	ive Securiti	es Be	neficially Owned			
1.Title of Securit (Instr. 4)	y		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1			
Common Stoc	k		0		D	Â				
Reminder: Report owned directly or	indirectly.		ch class of securities benefic	. 51	EC 1473 (7-02	)				
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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										

2. Date Exercisable and 3. Title and Amount of

Expiration Title

Securities Underlying

Amount or

Number of

**Derivative Security** 

(Instr. 4)

Expiration Date

Exercisable Date

(Month/Day/Year)

Date

	Number:	3235-0104			
OF	Expires:	January 31, 2005			
	Estimated average burden hours per				
1934,	response	· · ·			

1

6. Nature of Indirect

Beneficial Ownership

(Instr. 5)

5.

Form of

Derivative

Security:

Direct (D)

or Indirect

Conversion Ownership

4.

or Exercise

Derivative

Price of

Security

Shares

(I) (Instr. 5)

## **Reporting Owners**

Reporting Person

Reporting Owner Name / Add	Relationships						
	Director	10% Owner	Officer	Other			
Drake Scott William 6638 LEGEND RIDGE TR NIWOT, CO 80503	AIL	ÂX	Â	Â	Â		
Signatures							
/s/ Scott W. 09/03 Drake		/2013					
<u>**</u> Signature of	Da	ate					

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 5(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).

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.