ALCO T

Form 4												
January 03, 2014 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
Washington, D.C. 20549								OMB Number:	3235-0287			
Check thi if no long subject to Section 10 Form 4 or	 is box ger STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 6. SECURITIES 								Expires: January 31 2009 Estimated average burden hours per response 0.9			
Form 5 obligations may continue. See Instruction 1(b). 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 R	esponses)											
Wade M. Andrew Symbol				Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
				Cure, Inc. [ATRC]					(Check all applicable)			
(Last) (First) (Middle) 3. Date of (Month/Da 6217 CENTRE PARK DRIVE 12/31/20				-					Director 10% Owner X Officer (give title Other (specify below) below) VP and Chief Financial Officer			
			ndment, Date Original th/Day/Year)					6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person				
WEST CHE	STER, OH 4506	9							Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Noi	n-De	erivative S	ecuri	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any		Code (Instr.	8)	4. Securit n(A) or Di (D) (Instr. 3,	spose 4 and (A) or	d 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	12/31/2013			А	V	656 <u>(1)</u>	А	\$ 8.09 (2)	22,840	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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	3	ate	7. Title Amoun Underl Securit (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
Wade M. Andrew 6217 CENTRE PARK DRIVE WEST CHESTER, OH 45069			VP and Chief Financial Officer						
Signatures									
/s/ Jeanette Yacucci as Attorney Wade	w 01/03/2014								
<u>**</u> Signature of Repor	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 December 31, 2013.
- (2) Closing price on December 31, 2013 was \$18.68.

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.