AtriCure, Inc. Form 4												
May 15, 2014												
FORM 4	4		GEGU	DIFIEC				-	PPROVAL			
Washington, D.C. 20549									3235-0287			
Check this box if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OI								Expires:	January 31, 2005			
subject to Section 16. SECURITIES Form 4 or							WILLKSHII OI	Estimated burden hou response	urs per			
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 Resp	oonses)											
1. Name and Address of Reporting Person <u>*</u> Krell Elizabeth D			2. Issuer Name and Ticker or Trading Symbol			Trading	5. Relationship of Reporting Person(s) to Issuer					
		N. 7. 1. 11. \	AtriCure, Inc. [ATRC]				(Check all applicable)					
(Last) (First) (Middle) 13005 HAWKINS CIRCLE			3. Date of Earliest Transaction (Month/Day/Year) 05/14/2014				X_ Director 10% Owner Officer (give title Other (specify					
							below) below)					
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			al	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
HAGERSTOW	/N, MD 21742	2					Person	More than One R	eporting			
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned			
	Transaction Date onth/Day/Year)		Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, -	(A) or of (D) 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Reminder: Report of	on a separate line	e for each cl	ass of sec	urities bene	ficially ow	ned 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.SEC 1474 (9-02)											
	Tab	le II - Deriv	vative Sec	curities Aco	quired, Dis	sposed of, or	Beneficially Owner	d				

(*e.g.*, puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount o
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)		

	Derivative Security				or Disposed of (D) (Instr. 3, 4, and 5)					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (right to buy)	\$ 15.96	05/14/2014	A		10,000		05/14/2015 <u>(1)</u>	05/14/2024	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address	Relationships							
i o	Director	10% Owner	Officer	Other				
Krell Elizabeth D 13005 HAWKINS CIRCLE HAGERSTOWN, MD 21742	Х							
Signatures								

/s/ M. Andrew Wade as Attorney-In-Fact for Elizabeth D. Krell <u>**Signature of Reporting Person</u> 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).

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 (1) 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.
- (2) 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.