AtriCure, Ir Form 4	1C.										
May 15, 20											
FORM		STATES	SECU	RITIES A	ND EX	CHANGE	COMMISSIO	-	PPROVAL	-	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0	287	
Check this box								Expires:	January 31, 2005		
subject to STATEMENT OF CHANGES IN BENEFICIAL OWF Section 16. SECURITIES Form 4 or								Estimated burden ho response	average 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	Responses)										
1. Name and Address of Reporting Person <u>*</u> Collar Mark A			2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]			5. Relationship of Reporting Person(s) to Issuer					
(Lost)						(Check all applicable)					
(Last) (First) (Middle) 382 BISHOPSBRIDGE DR.			 Date of Earliest Transaction (Month/Day/Year) 05/14/2014 				X_ Director 10% Owner Officer (give title Other (specify below) below)				
	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 Form filed by More than One Reporting 							
CINCINN	ATI, OH 45255						Person	More than One F	Reporting		
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								ally Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	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: Re	port on a separate line	e for each cla	uss of secu	urities benef	•	•	or indirectly.	ection of	SEC 1474		
					requir	ed to respo ys a curre	ained in this forr ond unless the fo ntly valid OMB co	orm	(9-02)		
				•.•	·	1.6					

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (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	Derivative	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 Dispose (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	А		10,000		05/14/2015 <u>(1)</u>	05/14/2024	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address				
I O	Director	10% Owner	Officer	Other
Collar Mark A 382 BISHOPSBRIDGE DR. CINCINNATI, OH 45255	Х			
Signatures				
/s/ M. Andrew Wade as Attorn Collar	05/15/202			

**Signature of Reporting Person

5/15/2014 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.