Edgar Filing: AtriCure, Inc. - Form 4

AtriCure Inc

Form 4											
July 02, 2014								OMB APPROVAL			
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check thi if no long subject to Section 1 Form 4 o	6.	ENT OF CH	T OF CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES							January 31, 2005 verage rs per 0.5	
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a) of the Publ		old	ing Con	npany	Act of	e Act of 1934, 71935 or Sectior 0	response		
(Print or Type F	Responses)										
CARREL MICHAEL H Symbol				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M		AtriCure, Inc. [ATRC] (Che 3. Date of Earliest Transaction					(Check	ek all applicable)		
6217 CENTRE PARK DRIVE 06/30/20				Day/Year)				X Director 10% Owner X Officer (give title Other (specify below) below) President, CEO, & Director			
				endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person			
WEST CHE	ESTER, OH 45069)						Form filed by M Person	ore than One Re	porting	
(City)	(State) (A	Zip)	Table I - Nor	n-D	erivative	Secur	ities Acq	uired, Disposed of,	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Data any (Month/Day/Y	Code ear) (Instr. 8	8)	4. Securi n(A) or Di (Instr. 3, Amount	spose 4 and (A) or	d 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)	Ownership	
Common Stock	06/30/2014		А	V	840 (1)	А	φ 15.33 (2)	137,174	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt 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 / Address	Relationships							
	Director	10% Owner	Officer	Other				
CARREL MICHAEL H 6217 CENTRE PARK DRIVE WEST CHESTER, OH 45069	Х		President, CEO, & Director					
Signatures								
/s/ Jeanette Yacucci as Attorney Carrel	I. 07/02/2014							

**Signature of Reporting Person

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 June 30, 2014.
- (2) Closing price on June 30, 2014 was \$18.38.

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.

Date