Edgar Filing: AtriCure, Inc. - Form 4

AtriCure, Inc	с.											
Form 4	_											
July 02, 2015	5											
FORM			CECU		a .					OMB AF	PROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB	3235-0287				
Check th	vva	sningt	on,	D.C. 20	549			Number:	January 31,			
if no long		MENT O	F CHAN	ICFS .	IN I	RENEEI	CIA		NERSHIP OF	Expires: 20		
subject to)							LUM		Estimated a		
Section 1 Form 4 o		SECURITIES							burden hours per response 0.5			
Form 5		irsuant to	Section 1	6(a) o	f the	e Securit	ies E	xchang	e Act of 1934,	16300136	0.0	
obligation	ns Section 17							•	1935 or Section	n		
may cont See Instru	inue.		of the In	•		•	· ·					
1(b).						-						
(Print or Type I	Responses)											
1 Nome and A	ddragg of Doportin	a Daman *					—		5 Deletionship of	Departing Days	an(a) to	
1. Name and Address of Reporting Person [*] 2. Issuer LUX ANDREW L Symbol				r Name	and	Ticker or	Tradii	ng	5. Relationship of Reporting Person(s) to Issuer			
Lonnidi			Symbol AtriCur	a Ina	ГЛГ	FDCI						
					-	-			(Check	k all applicable)	
(Last)	(First)	(Middle)	3. Date of			ansaction				100	0	
6217 CENTRE PARK DRIVE 06/30/2			/Day/Year)					Director 10% Owner X Officer (give title Other (specify				
0217 CLIVI	KL I AKK DKI	۷L	00/30/2	015					below)	below)		
									SVP,	Ops & Quality		
(Street) 4. If Ame			endment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Mor	nth/Day/	Year)				Applicable Line) _X_ Form filed by C)na Paparting Pa	r 00 n	
WEST CHE	STED OU 450	60								Iore than One Re		
WEST CHE	ESTER, OH 450	09							Person			
(City)	(State)	(Zip)	Tabl	e I - No	on-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da	te 2A. Deer	med	3.		4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year) Executio	n Date, if	Transa	actio	n(A) or Di	spose	d of (D)	Securities	Ownership	Indirect	
(Instr. 3)		any		Code (Instr. 3, 4 and 5) $(1 + 1)$				5)		Form: Direct		
		(Monuly)	Day/Year)	(Instr.	8)				Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)	
							(A)		Reported	(Instr. 4)	× /	
							or		Transaction(s)			
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)			
Common								\$				
Stock	06/30/2015			А	V	868 <u>(1)</u>	А	16.81	41,718	D		
								(2)				

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)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt 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				
LUX ANDREW L 6217 CENTRE PARK DRIVE WEST CHESTER, OH 45069			SVP, Op & Quality					
Signatures								

/s/ Andrew L.	07/02/2015
Lux	07/02/2013

**Signature of Reporting Person 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).
- Shares acquired pursuant to the AtriCure, Inc. 2008 Employee Stock Purchase Plan for the period ended June 30, 2015. (1)
- (2) Closing price on June 30, 2015 was \$24.64.

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.