AtriCure, In Form 3 March 21, 20									
FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549				OMB APPROVAL OMB 3235-0104 Number:					
	INITIAL STATEMENT OF BEN SECURI							Expires: January 31, 2005 Estimated average burden hours per response 0.5	
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)								
Person * Statement			(Month/Day/Year)	AtriCure, Inc. [ATRC] Year)					
(Last)	(First)	(Middle)	03/21/2017				5. If Amendment, Date Original Filed(Month/Day/Year)		
366 FERNDALE ROAD SOUTH				(Check all applicable)					
(Street)				OfficerOther Filing (give title below) (specify below) _X_Fo Person Fo			dividual or Joint/Group g(Check Applicable Line) Form filed by One Reporting on Form filed by More than One rting Person		
WAYZATA, MN 55391									
(City)	(State)	(Zip)	Table I - I	Non-Derivat	ive Securit	ecurities Beneficially Owned			
1.Title of Security (Instr. 4)		2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common St	tock		0		D	Â			
Reminder: Rep owned directly			ach class of securities benefic	cially S	EC 1473 (7-02	2)			
	infor requi	mation cont ired to respo	spond to the collection of cained in this form are no ond unless the form disp MB control number.	t					

## Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Title	Derivative Security	Security: Direct (D)	

## Edgar Filing: AtriCure, Inc. - Form 3

Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
FB	Director	10% Owner	Officer	Other		
JOHNSON B KRISTINE 366 FERNDALE ROAD SOUTH WAYZATA, MN 55391	ÂX	Â	Â	Â		
Signatures						
/s/ M. Andrew Wade as Attorney-In-Fact for B. Kristine Johnson						
**Signature of Reporting Person					Date	
Evaluation of Responses:						

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 5(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).

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.