Edgar Filing: Privitera Salvatore - Form 4

Privitera Salv	atore											
Form 4												
January 03, 2	019											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								-	PPROVAL			
	- UNITED	SIAIES				ND EAC D.C. 205		NGE (COMMISSION	OMB Number:	3235-0287	
Check this	s box		vv as	migu	· II , I	J.C. 203	47				January 31,	
if no longe	F CHAN	GES II	N B	ENEFI	CIAI	LOW	NERSHIP OF	Expires:	2005			
subject to Section 16									Estimated average burden hours per			
Form 4 or									response	•		
Form 5	~ ~								ge Act of 1934,			
obligation may contin				•		U			f 1935 or Sectio	n		
<i>See</i> Instruction 1(b).		30(h)	of the Inv	vestme	nt C	Company	/ Act	of 19	40			
(Print or Type R	esponses)											
1. Name and Ac Privitera Salv	2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]						5. Relationship of Reporting Person(s) to Issuer					
							(Check all applicable)					
(Last)	(First) (Middle) 3. Date of Earliest Transaction							(Check an applicable)				
	(Month/Day/Year)						Director 10% Owner X Officer (give title Other (specify					
7555 INNO	ATION WAY		12/31/20)18					below)	below)		
	4. If Amendment, Date Original						6. Individual or Joint/Group Filing(Check					
	Filed(Mon	th/Day/Y	ear)				Applicable Line)					
MASON, OF	H 45040								_X_ Form filed by 0 Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Nor	1-De	rivative S	ecurit	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Da	te 2A. Dee	med	3.		4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year	on Date, if TransactionAcquired (A) or							Form: Direct	Indirect		
(Instr. 3)		any (Month/	CodeDisposed of (D)/Day/Year)(Instr. 8)(Instr. 3, 4 and 5)						Beneficially Owned		Beneficial Ownership	
	(iviolititi	(1) (1)					5)		(Instr. 4)	(Instr. 4)		
							(A)		Reported Transaction(s)			
							or		(Instr. 3 and 4)			
Common				Code	V	Amount	(D)	Price \$ 24				
Stock	12/31/2018			А	V	732 (1)	А	φ 24 (<u>2</u>)	83,560	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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Title Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address			Relationships						
1	Director	10% Owner	Officer		Other				
Privitera Salvatore 7555 INNOVATION WAY MASON, OH 45040			Chief Technol	ogy Officer					
Signatures									
/s/ M. Andrew Wade as Attorn Privitera	re	01/03/2019							

**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).
- Shares acquired pursuant to the AtriCure, Inc. 2018 Employee Stock Purchase Plan for the period ended December 31, 2018. (1)
- In accordance with the ESPP, these shares were purchased based on 85% of the closing price of the issuer's common stock on July 2, (2) 2018, which was the first trading day of the applicable offering period. The closing price on July 2, 2018 was \$28.24.

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