AtriCure, Inc.

Form 3 May 29, 2008	8									
FORM		TED STA	FES SECURIT	D EXCHANGE COMMISSION			OMB APPROVAL			
Washington, D.C. 20549						OMB Number:	3235-0104			
INITIAL STATEMENT OF BENEFICIAL O							IP OF	Expires:	January 31, 2005	
		on 17(a) of	to Section 16(a) the Public Utilit	ng Company	IES ecurities Exchange Act of 1934, g Company Act of 1935 or Section mpany Act of 1940			Estimated average burden hours per response 0.5		
(Print or Type R	(esponses)									
1. Name and A Person <u>*</u> Morley D		porting	2. Date of Event R Statement (Month/Day/Year)		uiring 3. Issuer Name and Ticker or Trading Syr AtriCure, Inc. [ATRC]			mbol		
(Last)	(First)	(Middle)	05/28/2008		4. Relationshi Person(s) to Is	p of Reporting ssuer		f Amendment, Date Original cd(Month/Day/Year)		
6033 SCHUMACHER PARK DR					(Check all applicable)					
	(Street)				-	w) (specify belo	Filin (Dw) _X_1	dividual or Joir g(Check Applica Form filed by On	able Line)	
WEST CHE	STER, O	HÂ 45069			VP CI	inical Affairs		n Form filed by Mo rting Person	re than One	
(City)	(State)	(Zip)	Ta	ble I - N	lon-Derivat	ive Securiti	es Benefic	ially Owned	ł	
1.Title of Secur (Instr. 4)	rity		Ber	Amount of heficially str. 4)	Securities Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Ownership (Instr. 5)	f Indirect Bene	ficial	
Reminder: Repo owned directly	•		ch class of securitie	s benefici	ally S	EC 1473 (7-02	.)			
	inforn requir	nation conta red to respo	oond to the colle ained in this form nd unless the for MB control numb	i are not rm displa	ays a					
Т	able II - Der	vivative Secur	rities Beneficially (Owned (e.	g., puts, calls,	warrants, opt	tions, conver	tible securities	5)	
1. Title of Deri (Instr. 4)	vative Securi	Expin	te Exercisable and ration Date ^(Day/Year)	Securiti	and Amount of es Underlying ve Security)	f 4. Conversio or Exerci Price of		hip Benefici (Instr. 5)	e of Indirect al Ownership)	

Expiration Title

Date

Exercisable Date

Derivative

Security

Amount or

Number of

Shares

Security:

Direct (D)

or Indirect

(I)

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	Director 10% Owner Officer		Other		
Morley Deborah L 6033 SCHUMACHER PARK DR WEST CHESTER, OH 45069	Â	Â	VP Clinical Affairs	Â		
Signatures						
/s/ Deborah L. 05/29/2 Morley	.008					
<u>**</u> Signature of Date Reporting Person						

Explanation of Responses:

No securities are beneficially owned

* 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.