AtriCure, In	c.										
Form 4											
December 3	1, 2014										
FORM	<b>FORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION							COMMISSION	OMB	APPROVAL 3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section				<ul> <li>Ashington, D.C. 20549</li> <li>NGES IN BENEFICIAL OWNERSHIP OF SECURITIES</li> <li>16(a) of the Securities Exchange Act of 1934,</li> </ul>				Number: Expires: January 31, 2005 Estimated average burden hours per response 0.5			
obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17			tility Holo vestment	•	- ·		1935 or Section 0	n		
(Print or Type ]	Responses)										
Kennedy Patricia J Symbol			Symbol	ssuer Name <b>and</b> Ticker or Trading bol Cure, Inc. [ATRC]				5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. Date (Mont			(Month/D	Date of Earliest Transaction Ionth/Day/Year) 2/29/2014				(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) VP and GM, International			
			d(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
WEST CHE	ESTER, OH 4500	59						Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common Stock	12/29/2014			Code V F	Amount 1,365	or (D) D	Price \$ 19.13	(Instr. 3 and 4) 35,172	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)

## Edgar Filing: AtriCure, Inc. - Form 4

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, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Addr	'ess	Relationships					
Treporting O (mor 1 (amo / 11 am	Director	10% Owner	Officer	Other			
Kennedy Patricia J 6217 CENTRE PARK DRIVE WEST CHESTER, OH 45069			VP and GM, International				
Signatures							
/s/ Patricia J. Kennedy	12/31/2014						

<u>\*\*</u>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).
- (1) The Reporting Person has elected to transfer these shares to the Company to satisfy the tax withholding obligation incurred upon the vesting and release of shares previously acquired pursuant to a Restricted Stock Award.

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.