CARREL MICHAEL H Form 4

March 06, 2019

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Number: January 31, 2005

0.5

**OMB APPROVAL** 

Section 16. Form 4 or Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

burden hours per response...

Estimated average

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * CARREL MICHAEL H			2. Issuer Name <b>and</b> Ticker or Trading  Symbol	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
			AtriCure, Inc. [ATRC]			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			
7555 INNOVATION WAY			(Month/Day/Year) 03/01/2019	_X_ Director 10% Owner _X_ Officer (give title Other (specify below)  President, CEO, & Director		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
MASON, OH	45040		Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(6:. )	(0, , )	(7:)				

(City)	(State)	(Zip) Tabl	le I - Non-l	Derivative S	ecuriti	ies Acqui	red, Disposed of,	or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securities oner Dispose (Instr. 3, 4	d of (D	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	03/01/2019		Code V A	Amount 38,999	(D)	Price \$ 0 (1)	750,021	D	
Common Stock	03/01/2019		F	114,353 (2)	D	\$ 30.77	635,668	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474

(9-02)

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orNumber	Expiration D	ate	Amount	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								^	mount		
									mount		
						Date	Expiration	Title N	r Jumber		
						Exercisable	Date				
				C + V	(A) (D)			0			
				Code V	(A) (D)			S	hares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
CARREL MICHAEL H						

7555 INNOVATION WAY X President, CEO, & Director MASON, OH 45040

## **Signatures**

/s/ Allison Walker as Attorney-in-Fact for Michael H. 03/05/2019 Carrel

> \*\*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).
- The Reporting Person acquired these shares pursuant to a Restricted Stock Award under the AtriCure, Inc. 2014 Stock Incentive Plan. **(1)** One third of the shares will vest annually upon the respective one, two, and three year anniversaries of the date of grant.
- The Reporting Person has elected to transfer these shares to the Company to satisfy the tax withholding obligation incurred upon the **(2)** 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.

Reporting Owners 2