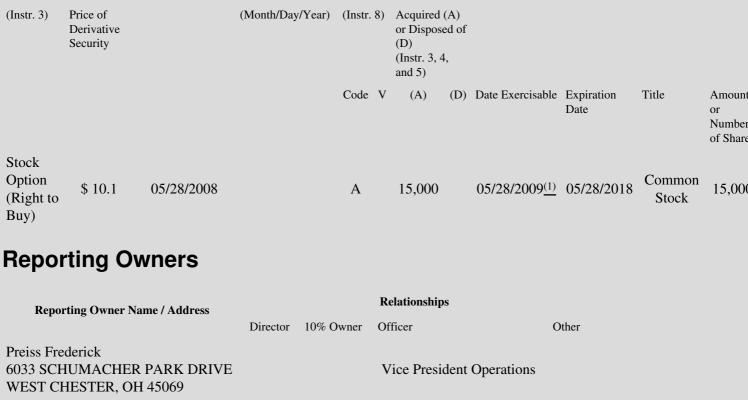
AtriCure, In	ıc.									
Form 4 May 29, 200	08									
FORM	ЛЛ								PPROVAL	
	UNITED	STATES SECU Wa	RITIES A shington,			NGE	COMMISSIO	N OMB Number:	3235-0287	
Check the if no lon subject to Section Form 4	BENEFICIAL OWNERSHIP OF ITIES				Estimated burden hou	Expires: January 31, 2005 Estimated average burden hours per response 0.5				
Form 5 obligation may con <i>See</i> Instr 1(b).	ons Section 17(suant to Section a) of the Public U 30(h) of the I	Jtility Hole	ding Cor	npan	y Act	of 1935 or Section	·		
(Print or Type	Responses)									
1. Name and A Preiss Fred	Address of Reporting erick	Symbol	2. Issuer Name and Ticker or Trading Symbol AtriCure, Inc. [ATRC]				5. Relationship of Reporting Person(s) to Issuer			
(Last) 6033 SCHU DRIVE	(Month/	3. Date of Earliest Transaction (Month/Day/Year) 05/28/2008				(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) Vice President Operations				
			Amendment, Date Original (Month/Day/Year)			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
WEST CH	ESTER, OH 4506	9					Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip) Tak	ole I - Non-I	Derivative	Secui	rities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Disposed (Instr. 3, 4	(A) or of (D) 4 and 2 (A) or)	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Re	port on a separate line	e for each class of sec	urities benef	icially own	ned di	rectly o	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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount o
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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Signatures

/s/ Frederick C. 05/29/2008 Preiss

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- The option vests and is exercisable as to 25% of the shares on May 28, 2009 (one year from the date of grant) and the remaining 75% (1)thereafter vests and is exercisable in equal monthly installments on the same day of the month over the following three years.
- (2) Not applicable

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.