

AtriCure, Inc.
Form 3
August 18, 2005

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Hooven Michael D		(Month/Day/Year)	AtriCure, Inc. [ATRC]	
(Last)	(First)	(Middle)	08/04/2005	
6033 SCHUMACHER PARK DRIVE			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
WEST CHESTER,Â OHÂ 45069			<input checked="" type="checkbox"/> Director	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			Chief Technology Officer	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	10,903	D	Â
Common Stock	334,211	I	Held by Michael D. Hooven 2004 Trust FBO Michael ⁽¹⁾
Common Stock	334,211	I	Held by Michael D. Hooven 2004 Trust FBO Susan ⁽²⁾
Common Stock	18,421	I	Held by Susan Spies 2004 Children's Trust ⁽³⁾

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

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Employee Stock Options	03/29/2002 ⁽⁴⁾	03/29/2011	Common Stock	52,631	\$ 0.627	D	Â
Employee Stock Options	08/09/2003 ⁽⁵⁾	08/09/2012	Common Stock	39,473	\$ 1.33	D	Â
Employee Stock Options	03/29/2002 ⁽⁶⁾	03/29/2011	Common Stock	13,157	\$ 0.627	I	By Wife ⁽⁶⁾

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Hooven Michael D 6033 SCHUMACHER PARK DRIVE WEST CHESTER, OH 45069	Â X	Â	Â Chief Technology Officer	Â

Signatures

/s/ Thomas J. Etergino as Attorney-in-Fact for Michael D. Hooven 08/15/2005

__Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) Mr. Hooven disclaims beneficial ownership of these securities.
- (2) Held in trust for the benefit of reporting person's spouse. Reporting person's spouse is the trustee of that trust and disclaims beneficial ownership of these securities.
- (3) Held in trust for the benefit of reporting person's son. Reporting person is the trustee of that trust and disclaims beneficial ownership of these securities.
- (4) Exercisable cumulatively at a rate of 25% per annum commencing on March 29, 2002 (one year from the date of grant).
- (5) Exercisable cumulatively at a rate of 25% per annum commencing on August 9, 2003 (one year from the date of grant).
- (6) Exercisable cumulatively at a rate of 25% per annum commencing on March 29, 2002 (one year from the date of grant). Mr. Hooven disclaims beneficial ownership of these securities.

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.