AtriCure, Ir Form 4 May 14, 200	08							ОМВ	APPROVAL		
<b>FORM 4</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION											
Check the	his hov	W	ashingtor	n, D.C. 2	0549			OMB Number:			
if no lor	aar	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							January 31, 2005		
subject Section Form 4	16. or								ed average hours per se 0.5		
Form 5 obligations may continue. See Instruction 1(b). 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)										
Wrubel Lee R Symbol			Issuer Name <b>and</b> Ticker or Trading bol iCure, Inc. [ATRC]				5. Relationship of Reporting Person(s) to Issuer				
				_			(Check all applicable)				
			Date of Earliest Transaction Ionth/Day/Year)				_X_ Director10% Owner				
6033 SCHUMACHER PARK 05/12/2 DRIVE			-				Officer (give title Other (specify below)				
				Amendment, Date Original (Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>			
(City)	(State) (	(Zip) Ta	able I - Non-	Derivativ	e Secu	rities Ac	quired, Disposed	of, or Benefic	ially Owned		
1.Title of Security (Instr. 3)		2A. Deemed Execution Date, i any (Month/Day/Year	Code	4. Secur or(A) or D (Instr. 3,	ispose 4 and (A)	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		Held by		
Common Stock	05/12/2008		S	9,650	D	\$ 11.02	337,877	Ι	Foundation Medical Partners, LP (1)		
Common Stock	05/13/2008		S	5,350	D	\$ 11.14	332,527	I	Held by Foundation Medical Partners, LP		

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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative		•		Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	2				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
					.,						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Excicisable	Date		of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Wrubel Lee R 6033 SCHUMACHER F WEST CHESTER, OH 4	Х							
Signatures								
/s/ Lee R. Wrubel	05/14/2008							
<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) Dr. Wrubel is a general partner of Foundation Medical Partners, LP. Dr. Wrubel disclaims beneficial ownership of the securities held by Foundation Medical Partners, LP, except as to his pecuniary interest therein.

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.