Kreisher William F Form 4 March 22, 2018

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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

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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

See Instruction

(Zip)

1(b).

(City)

(State)

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Kreisher William F Issuer Symbol ATN International, Inc. [ATNI] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner X_ Officer (give title Other (specify C/O ATN INTERNATIONAL, 03/20/2018 below) INC., 500 CUMMINGS CENTER Senior VP, Corporate Dev (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting BEVERLY, MA 01915 Person

| (Chij) | (State) | Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | |
|-----------------|---------------------|--|------------|------------------|-------------|------------------|--------------|--------------|--|--|--|
| 1.Title of | 2. Transaction Date | 2A. Deemed | 3. | 4. Securities A | cquired | 5. Amount of | 6. Ownership | 7. Nature of | | | |
| Security | (Month/Day/Year) | Execution Date, if | Transactio | on(A) or Dispose | ed of (D) | Securities | Form: Direct | Indirect | | | |
| (Instr. 3) | | any | Code | (Instr. 3, 4 and | 5) | Beneficially | (D) or | Beneficial | | | |
| | | (Month/Day/Year) | (Instr. 8) | | | Owned | Indirect (I) | Ownership | | | |
| | | | | | | Following | (Instr. 4) | (Instr. 4) | | | |
| | | | | (•) | | Reported | | | | | |
| | | | | (A) | | Transaction(s) | | | | | |
| | | | Code V | or Amount (D) | Price | (Instr. 3 and 4) | | | | | |
| Common Stock | 03/20/2018 | | F | 666 <u>(1)</u> D | \$ 60.27 | 42,337 | D | | | | |

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

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

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| 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | | 4. Transactio | 5. orNumber | 6. Date Exerc Expiration D | | 7. Title a | | 8. Price of Derivative | 9. Nu Deriv |
|------------------------|---|--------------------------------------|----------------------|------------------|---|-------------------------------|--------------------|-----------------------------------|-----------|------------------------|---|
| Security (Instr. 3) | or Exercise Price of Derivative Security | (World) Day, Tear) | any (Month/Day/Year) | Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | (Month/Day/ | | Underly Securitie (Instr. 3 | ing es | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title N | umber | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Kreisher William F C/O ATN INTERNATIONAL, INC. 500 CUMMINGS CENTER BEVERLY, MA 01915

Senior VP, Corporate Dev

Signatures

/s/ Andrew S. Fienberg, as Attorney-in-Fact for William F. Kreisher

03/22/2018

**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) Represents shares withheld by the Company for payment of Mr. Kreisher's tax obligations arising from the vesting of shares of previously granted restricted stock.

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