Edgar Filing: ATN International, Inc. - Form 4

| ATN Interna Form 4 March 21, 2 | | | | | | |
|--|---|---|--|--|--|--|
| FORM | | | OMB APPROVAL | | | |
| - | UNITED STAT | CS SECURITIES AND EXCHAN Washington, D.C. 20549 | GE COMMISSION OMB Number: 3235-0287 | | | |
| Check th if no lon subject to Section Form 4 c | statement (| OF CHANGES IN BENEFICIAL SECURITIES | OWNERSHIP OF Expires: January 31, 2005 Estimated average burden hours per response 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) | | | | | |
| | Address of Reporting Person <u>*</u> SA JUSTIN D | 2. Issuer Name and Ticker or Trading Symbol ATN International, Inc. [ATNI] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) | (First) (Middle) | 3. Date of Earliest Transaction | (Check an applicable) | | | |
| | NTERNATIONAL, CUMMINGS CENTER | (Month/Day/Year) 03/17/2017 | Director 10% Owner X Officer (give title Other (specify below) below) CFO | | | |
| | (Street) | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |
| BEVERLY | , MA 01915 | Filed(Month/Day/Year) | Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) (Zip) | Table I - Non-Derivative Securitie | es Acquired, Disposed of, or Beneficially Owned | | | |
| 1.Title of Security (Instr. 3) | any | emed 3. 4. Securities Acquion Date, if Transaction(A) or Disposed of Code (Instr. 3, 4 and 5) h/Day/Year) (Instr. 8) (A) or | aired 5. Amount of 6. Ownership 7. Nature of f (D) Securities Form: Direct Indirect | | | |
| Common Stock | 03/17/2017 | F 767 $\frac{(1)}{D}$ D $\frac{$}{7}$ | 57,092 D | | | |

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 Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. 6. Date Exercisable a onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date | Amou Unde Secur | le and int of rlying ities . 3 and 4) | Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|--|---------------------|--------------------|-----------------------|---|--------------------------------------|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Na | Name / Address | Relationships | | | | | | |
|--|----------------|---------------|-----------|---------|-------|--|--|--|
| reporting o when runne, man cos | | Director | 10% Owner | Officer | Other | | | |
| BENINCASA JUSTIN C/O ATN INTERNAT 500 CUMMINGS CEI BEVERLY, MA 0191 | | | CFO | | | | | |
| Signatures | | | | | | | | |
| /s/ Justin D. Benincasa | 03/21/201 | 17 | | | | | | |
| <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) Represents shares withheld by the Company for payment of Mr. Benincasa'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.