## Edgar Filing: ATN International, Inc. - Form 4

| ATN Interna<br>Form 4<br>June 23, 201   |  |                                |   |             |        |  |   |                        |                         |  |  |
|---|--|--------------------------------|---|-------------|--------|--|---|------------------------|-------------------------|--|--|
| FORM  | 4  |                                |   |             |        |  | ~ ~   |                        | PPROVAL                 |  |  |
| Washington, D.C. 20549  |  |                                |   |             |        |  |   | OMB<br>Number:         | 3235-0287               |  |  |
| Check thi<br>if no long   | ar.  |                                |   |             |        |  |   | Expires:               | January 31,<br>2005     |  |  |
| subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF  |  |                                |   |             |        |  |   | Estimated a            | Estimated average       |  |  |
| Section 1   |  |                                |   |             |        |  |   | burden hours per       |                         |  |  |
| Form 4 of<br>Form 5   | Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, |                                |   |             |        |  |   |                        | 0.5                     |  |  |
| obligation  | <sup>1s</sup> Section $17(a)$ c  |                                | • •   |             |        | •  | of 1935 or Sectio                               | n                      |                         |  |  |
| may cont  | inue.  |                                | •   | •           | - ·    |  |   | 11                     |                         |  |  |
| <i>See</i> Instruction 30(h) of the Investment Company Act of 1940<br>1(b).   |  |                                |   |             |        |  |   |                        |                         |  |  |
| -(-).   |  |                                |   |             |        |  |   |                        |                         |  |  |
| (Print or Type F  | Responses)   |                                |   |             |        |  |   |                        |                         |  |  |
| 1 Nama and A  | 11   | *                              |   |             |        |  | 5 Deletienship of                               |                        | (-) +-                  |  |  |
| 1. Name and Address of Reporting Person _       2. Issuer Name and Ticker or Trading         FLYNN MICHAEL T       Symbol |  |                                |   |             | g      | 5. Relationship of Reporting Person(s) to Issuer |   |                        |                         |  |  |
|   |  | Symbol<br>ATN Int              | ymbol<br>ATN International, Inc. [ATNI]             |             |        |  |   |                        |                         |  |  |
| (1 +)   |  |                                |   |             |        | (Check all applicable)                           |   |                        |                         |  |  |
|   |  |                                | 3. Date of Earliest Transaction<br>(Month/Day/Year) |             |        |  | _X_ Director10% Owner                           |                        |                         |  |  |
| C/O ATN IN  |  | /21/2016                       |   |             |        | Officer (give title Other (specify               |   |                        |                         |  |  |
| INC., 500 CUMMINGS CENTER below) below)   |  |                                |   |             |        |  |   |                        |                         |  |  |
|   | 4. If Amer   | 4. If Amendment, Date Original |   |             |        | 6. Individual or Joint/Group Filing(Check        |   |                        |                         |  |  |
|   |  | Filed(Mon                      | Filed(Month/Day/Year)                               |             |        |  | Applicable Line)                                |                        |                         |  |  |
| _X_Form filed by  |  |                                |   |             |        |  | One Reporting Person<br>lore than One Reporting |                        |                         |  |  |
| BEVERLY,  | MA 01915   |                                |   |             |        |  | Person  |                        | porting                 |  |  |
| (City)  | (State) (Zip   | ) Table                        | e I - Non-De  | erivative S | Securi | ties Ac  | quired, Disposed o                              | f, or Beneficial       | ly Owned                |  |  |
| 1.Title of  | 2. Transaction Date 2  | A. Deemed                      | 3.  | 4. Securi   | ties   |  | 5. Amount of                                    | 6. Ownership           | 7. Nature of            |  |  |
| Security  | (Month/Day/Year) E   | Execution Date, if             | Transactio  |             |        |  | Securities                                      | Form: Direct           | Indirect                |  |  |
| (Instr. 3)  |  | ny<br>Month/Day/Year)          | Code Disposed of<br>(Instr. 8) (Instr. 3, 4 a       |             |        |  | •   | (D) or<br>Indirect (I) | Beneficial<br>Ownership |  |  |
|   | (,   | Wohul/Day/Tear)                | (1130.0)  | (111501. 5, | - and  | 5)   | Following                                       | (Instr. 4)             | (Instr. 4)              |  |  |
|   |  |                                |   |             | (A)    |  | Reported  |                        |                         |  |  |
|   |  |                                |   |             | or     |  | Transaction(s)<br>(Instr. 3 and 4)              |                        |                         |  |  |
| Comment   |  |                                | Code V  | Amount      | (D)    | Price  |   |                        |                         |  |  |
| Common<br>Stock   | 06/21/2016   |                                | А   | 1,366       | А      | \$ 0<br>(1)                                      | 9,369   | D                      |                         |  |  |
| STOCK   |  |                                |   |             |        | <u> </u>   |   |                        |                         |  |  |

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)

| (Instr. 3)         | Price of<br>Derivative<br>Security                                 | (Month/Day/Year)                                  |        |         |                     | roar)              | Secur | . 3 and 4)                             | (Instr. 5) |
|--------------------|--|---|--------|---------|---------------------|--------------------|-------|--|------------|
|                    |  |   | Code V | (A) (D) | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |            |
| Repo               | rting Owners   |   |        |         |                     |                    |       |  |            |
| Repor              | ting Owner Name / Address  | Relationships<br>Director 10% Owner Officer Other |        |         |                     |                    |       |  |            |
| C/O ATN<br>500 CUM | MICHAEL T<br>I INTERNATIONAL, INC.<br>IMINGS CENTER<br>Y, MA 01915 | Х   |        |         |                     |                    |       |  |            |
| Signa              | tures  |   |        |         |                     |                    |       |  |            |
|                    | w S. Fienberg, as in-Fact for                                      | 06/23/2016  |        |         |                     |                    |       |  |            |

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4.

Code

5.

of

TransactionNumber

6. Date Exercisable and

**Expiration Date** 

(Month/Day/Year)

7. Title and

Amount of

Underlying

8. Price of

Derivative

Security

9. Nt

Deriv

Secu

Bene Own Follo Repo Trans (Insti

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if

any

\*\*Signature of Reporting Person

Michael T. Flynn

1. Title of 2.

Security

Derivative Conversion

or Exercise

ng="3" cellspacing="0" border="0">\*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)Awarded per the Non-Employee Director Equity Plan. Value of \$4,000 divided by the closing price on 4/26/2016 of \$12.19 = 328 shares (rounded).

Date

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. 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.