FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to	STATEMENT OF
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	Filed pursuant t

CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* PRIOR MICHAEL T					<u>AT</u>	2. Issuer Name and Ticker or Trading Symbol ATLANTIC TELE NETWORK INC /DE [ATNI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
	(Fii ANTIC TE IMINGS C	LE-NETWORK	Middle)		3. D	3. Date of Earliest Transaction (Month/Day/Year) 09/06/2012								X	Offic below	,	Other below t and CEO	(specify)	
(Street) BEVERI)1915 Zip)		- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Forn Forn	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		Transaction Di			Securities Acquired (A) o sposed Of (D) (Instr. 3, 4 a					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) c	Price	•	Trans	action(s) 3 and 4)		(Instr. 4)		
Common Stock 09/06/2					2012	012		S		350(1)	D	\$40	.02(2)	1	10,421	D			
Common Stock 09/07/20					2012	012		S		8,650(1)	D	\$40).22 ⁽³⁾		01,771	D			
Common Stock															3	32,488	I	By Children	
	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)	tive Conversion or Exercise (Month/Day/Year) 3) Price of Derivative Security Execution Date, if any (Month/Day/Year)		4. Transa Code (8)				Date Expiration Date (Month/Day/Year) Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Number of Title Shares		ıt r		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

- $1.\ Shares\ sold\ pursuant\ to\ 10b5-1\ trading\ plan\ adopted\ December\ 2,\ 2011.$
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$40.00 to \$40.03, inclusive. The reporting person undertakes to provide to Atlantic Tele-Network, Inc., any security holder of Atlantic Tele-Network, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (2) to this Form 4.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$40.00 to \$40.46, inclusive. The reporting person undertakes to provide to Atlantic Tele-Network, Inc., any security holder of Atlantic Tele-Network, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (3) to this Form 4.

/s/ Michael T. Prior 09/10/2012

** Signature of Reporting Person

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.