FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

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

| Name and Address of Reporting Person* LENEHAN PAMELA F | | | | | | 2. Issuer Name and Ticker or Trading Symbol ATN International, Inc. [ATN] | | | | | | | | | all app Direc | | ng Pei | 10% O | wner |
|--|---|--|-----------------|-------------------------------------|---|---|--|---------------------------|---|---|--|---------------|--|--|--------------------------------------|--|--------|--|--|
| (Last) | (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/18/2024 | | | | | | | | | | Office | er (give title /) | | Other (below) | specify |
| C/O ATN INTERNATIONAL, INC. 500 CUMMINGS CENTER, SUITE 2450 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicabine) Form filed by One Reporting Person | | | | | |
| (Street) BEVERLY MA 01915 | | | | | Form filed by More than One Reporti Person | | | | | | | | | | | | orting | | |
| (City) (State) (Zip) | | | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Ad Disposed Of (D | | | | Acquired (A) or (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Turingan | | ction(s) | | | (Instr. 4) |
| Common Stock 06/18/20 | | | | | 024 | 24 | | | A | | 5,558 | A | \$23.3 | 3.39(1) | | 4,666 | | D | |
| Common Stock | | | | | | | | | | | | | 1 | | ,500 | | | By Spouse | |
| 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) | Execu if any | eemed Ition Date, h/Day/Year) | | nsaction de (Instr. Secu Acqu (A) c Disp of (D | | r osed) r. 3, 4 | 6. Date Exer Expiration I (Month/Day | | ate Amo Year) Sec Und Deri Sec | | mount of Scurities S | | rice of vative urity tr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. Represents fully vested shares of restricted stock grant pursuant to the Issuer's 2023 Equity Incentive Plan in payment of Ms Lenehan's 2024 annual director retainer based on the moving average price for the past twenty days of \$23.39 of the Issuer's common stock as of June 14, 2024.

/s/ Andrew S. Fienberg as

Attorney in-fact for Pamela

Lenahan

** Signature of Reporting Person Date

06/20/2024

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.