## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington,  | $D \subset$ | 205/10 |
|--------------|-------------|--------|
| wasiiiigton, | D.C.        | 20549  |

**OWNERSHIP** 

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| ANNUAL STATEMENT OF CHANGES IN BENEFICIAL |

| OMB APP             | ROVAL     |
|---------------------|-----------|
| OMB Number:         | 3235-0362 |
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1.0

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Form 3 Holdings Reported.

Instruction 1(b)

| Form 4  | Transactions F  | Reported.                                  | File   | ed pursuant to<br>or Sectior  |                                   |     |  |   | ities Excha        |   |  |                    |   |   |                                      |   |  |
|---|---|--|--|---|-----------------------------------|-----|--|---|--------------------|---|--|--------------------|---|---|--------------------------------------|---|--|
| 1. Name and Address of Reporting Person*  PRIOR MICHAEL T               |   |  | 2. Issuer Name and Ticker or Trading Symbol ATN International, Inc. [ ATNI ] |   |                                   |     |  |   |                    | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner  X Officer (give title Other (specify below)  President and CEO |  |                    |   |   |                                      |   |  |
| (Last) (First) (Middle) C/O ATN INTERNATIONAL, INC. 500 CUMMINGS CENTER |   |  |  | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2019 |                                   |     |  |   |                    |   |  |                    |   |   |                                      |   |  |
| (Street) BEVERLY MA 01915   |   |  |  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                |                                   |     |  |   |                    | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person            |  |                    |   |   |                                      |   |  |
| (City)  | (Sta  |  | Zip)   |   |                                   |     |  |   |                    |   |  |                    |   |   |                                      |   |  |
| 1. Title of Security (Instr. 3)   |   | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)                  |   | 3.<br>Transaction<br>Code (Instr. |     | ed, Disposed of, or Beneficed.  4. Securities Acquired (A) or Disposed (D) (Instr. 3, 4 and 5) |   |                    |   | 5. Amount of<br>Securities<br>Beneficially |                    | unt of<br>es<br>ially                                 | 6.<br>Ownership<br>Form: Direct   | ership    <br>n: Direct              | 7. Nature of Indirect Beneficial  |  |
|   |   |  |  |   |                                   |     |  | Amoui   | nt                 | (A) or<br>(D)   | Price                                      |                    | Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) |   | (D) or<br>Indirect (I)<br>(Instr. 4) | ect (I)   | Ownership<br>(Instr. 4)                        |
| Common  | Stock   |  | 12/16/2019   |   |                                   | C   | j  | 7   | 700                | D   | \$0.0                                      | 00                 | 430   | 0,731   |                                      | D   |  |
| Common  | Stock   |  |  |   |                                   |     |  |   |                    |   |  |                    | 13  | 7,814   |                                      | I   | Trustee of<br>Lauren S.<br>Prior 2013<br>Trust |
| Common  | Stock   |  |  |   |                                   |     |  |   |                    |   |  |                    | 8,  | 541   |                                      | I 1   | Trustee of<br>RP 2014<br>Trust                 |
| Common  | Stock   |  |  |   |                                   |     |  |   |                    |   |  |                    | 7,741   |   |                                      | I ,   | Frustee of<br>WP 2015<br>Frust                 |
| Common  | Stock   |  |  |   |                                   |     |  |   |                    |   |  | 8,141              |   |   | Ι .                                  | Frustee of<br>JP 2018<br>Frust  |  |
|   |   | Ta   | ble II - Derivat<br>(e.g., p   | ive Securi<br>uts, calls,   |                                   |     |  |   |                    |   |  |                    | Owned   |   |                                      |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                     | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)                  | 4. Transaction Code (Instr. 8)  | 5. Num                            |     |  | te Exercisable and<br>ration Date<br>th/Day/Year) |                    | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)   |  | 8.<br>D<br>S<br>(I | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | e<br>S<br>Illy                       | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4 | Beneficial<br>Ownership<br>(Instr. 4)          |
|   |   |  |  |   | (A)                               | (D) | Date<br>Exerc  | cisable   | Expiration<br>Date | ı Title   | or<br>Number<br>of<br>Shares               |                    |   |   |                                      |   |  |

Explanation of Responses:

/s/ Michael T. Prior

02/14/2020

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.