Instruction 1(b).

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.C.	20549

Washington,	D.C.	20549	

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

3235-0362 OMB Number: Estimated average burden hours per response: 1.0

OMB APPROVAL

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. Transaction Code (Instr. 8)	ransaction of Ex code (Instr. Derivative (M		Expira	Date Exercisable and chiration Date Securities Underlying Derivative Security (In and 4)			int of rities rlying ative rity (Instr. 3	Deri Sec (Ins	Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
		Та	ble II - Derivat (e.g., p	ive Secur uts, calls,									wned					
Common	Stock	12/06/2012			G		1	,050	A	\$0	33		33,538			By Children		
Common	Stock		12/06/2012		G		Ĵ		700	A	\$0		108,736		D			
Common	Stock		11/30/2012	 		G			60	D	\$0	108		108,036		D		
Common	Stock		06/22/2012			G		-	295	D	\$0	108,09		3,096		D		
Date (Month/Day/		04/03/2012			j		10	(D) Price			108,391		(50	D				
		2. Transaction Date (Month/Day/Year)			Transaction Code (Instr.		Amount (A) or Brice				5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and		es ally at end of Fiscal	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Tabl	e I - Non-Deriv	ative Sec	uritie	es Ac	quire	ed, Di	sposed	of, or	Benefic	ially	Owne	ed				
(City)	(St	ate) (Zip)										Pers	on				
(Street) BEVERL	LY M	Α (1915									X	Form filed by More than One Reporting					
(5)				4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
C/O ATLANTIC TELE-NETWORK, INC. 600 CUMMINGS CENTER				12/31/2012						Tour)	President and CEO							
(Last) (First) (Middle)				Statement for Issuer's Fiscal Year Ended (Month/Day/Year)					Year)	X	below)			below)				
1. Name and Address of Reporting Person* PRIOR MICHAEL T				2. Issuer Name and Ticker or Trading Symbol ATLANTIC TELE NETWORK INC /DE [ATNI]						5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Own					Owner			
				1	. ,					01 10-1		5 D-1-	- 41 I- 1-	f D	D		1	
	Transactions F	reporteu.		or Section	30(h)	of the	Invest	ment C	ompany Ac	t of 1940	1							

Explanation of Responses:

/s/ Michael T. Prior

02/12/2013

** Signature of Reporting Person

Date

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

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.

^{*} 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).