FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, b.c. 20045

| STATEMENT | OF CHAN | IGES IN B | ENEFICIA | AL OWNE | RSHIP |
|-----------|---------|-----------|----------|---------|--------------|

| OMB APPRO | OVAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average burd | en |
| 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* Kreisher William F | | | | AT | 2. Issuer Name and Ticker or Trading Symbol ATLANTIC TELE NETWORK INC /DE ATNI] | | | | | | | | | | all app Direc | blicable) ctor er (give title | g Person(s) to I: 10% (Other below | Owner (specify | |
|--|--|--|------------------------------|-------|--|----------------------------------|--------------------------------------|---|--|---|---|--------------------|--|--------------------------|--|---|--|-------------------|-----|
| (Last) (First) (Middle) C/O ATLANTIC TELE-NETWORK, INC. 600 CUMMINGS CENTER | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/27/2015 | | | | | | | | | Senior VP, Corporate Dev | | | | | |
| (Street) BEVERLY MA 01915 (City) (State) (Zip) | | | | 4. If | 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 | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | l and Secu Bene | | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | , , |
| Common Stock 03/27/2 | | | | | /2015 | 2015 F 1,137 ⁽¹⁾ D : | | \$70 | .37 | 2 | 9,524 | D | | | | | | | |
| 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) | perivative lecurity or Exercise Instr. 3) Date (Month/Day/Year) Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) 8) | | 4. Transa Code (8) | | n of | rities ired osed . 3, 4 | Expirat (Month | i. Date Exercisable and expiration Date Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Represents shares withheld by the Company for payment of Mr. Kreisher's tax obligations arising from the vesting of shares of previously granted restricted stock.

/s/ William F. Kreisher

03/30/2015

** Signature of Reporting Person

Date

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.