## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

1. Name and Address of Reporting Person\*

**BENINCASA JUSTIN D** 

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

10% Owner

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director

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

2. Issuer Name and Ticker or Trading Symbol

ATN International, Inc. [ ATNI ]

(Last) (First) (Middle) C/O ATN INTERNATIONAL, INC.						3. Date of Earliest Transaction (Month/Day/Year) 11/09/2018								X	Officer below)		FO	Other (s below)	specify	
500 CUMMINGS CENTER																				
(Street) BEVERI	Street) BEVERLY MA 01915				_   4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting					
(City)	City) (State) (Zip)														Person					
		Tab	le I - No	n-Deri	ivativ	e Se	curit	ties Ac	quired,	Dis	posed o	f, or B	enefi	cially	Owned					
Date				nsaction th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Securi Benefi Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or P	rice	Reported Transact (Instr. 3	ion(s)			(iiisti. 4)	
Common Stock 11/0					9/2018				M		15,854	4 A S		46.85	65,726		D			
Common Stock 11/09/2					9/2018	В			M		16,967	7 A	. \$	32.96	82,	,693		D		
Common Stock 11/09/2					9/2018	2018			M		10,000	0 A	. \$	37.36	92,	,693		D		
Common Stock 11/09/2					9/2018	2018			F		29,823 <sup>(4)</sup> D		\$	83.98	62,	,870	D			
		-	Гable II -								osed of, convertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,		Transaction Code (Instr.		umber ivative urities uired or oosed D) (Instr. and 5)	6. Date Exercis Expiration Date (Month/Day/Yea		е	7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or	ount nber ires						
Employee Stock Option (right to buy)	\$46.85	11/09/2018			M			15,854	(1)		02/11/2020	Common Stock	15,	.854	\$0	0		D		
Employee Stock Option (right to buy)	\$32.96	11/09/2018			M			16,967	(2)		03/15/2022	Common Stock	16,	.967	\$0	0		D		
Employee Stock Option (right to	\$37.36	11/09/2018			M			10,000	(3)		03/22/2022	Common Stock	10,	.000	\$0	0		D		

## **Explanation of Responses:**

- 1. The stock option vested in four equal annual installments on each of February 11, 2011, 2012, 2013 and 2014.
- 2. The stock option vested in four equal annual installments on each of March 15, 2012, 2013, 2014 and 2015.
- 3. The stock option vested in four equal annual installments on each of March 22, 2013, 2014, 2015 and 2016.
- 4. Represents shares withheld by the Company for payment of exercise price and payment of Mr. Benincasa's tax obligations arising from the exercise of the stock option.

/s/ Justin D. Benincasa 11/13/2018

\*\* 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.