FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT	OF C	HANGES	IN BEN	IEFICIAL	<b>OWNERSH</b>	ΙP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

Check this box if no longer su	bject to
Section 16. Form 4 or Form 5	
obligations may continue. See	e
Instruction 1(h)	

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*					2. Issuer Name <b>and</b> Ticker or Trading Symbol ATLANTIC TELE NETWORK INC /DE									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>Fougere Barry C</u>													-	Director			10	% Owner				
(Last) (First) (Middle)				AT	ATNI ]									X Office below				ner (specify ow)				
(Last)	(FII	St) (	Middle)		3 D	Date of Earliest Transaction (Month/Day/Year)									SVP Business Operations							
C/O ATL	ANTIC TE	LE-NETWORK	, INC.			05/20/2015									3 v i Dusiness Operations							
600 CUN	MINGS C	ENTED				05, 20, 2015																
OUU CON	IVIII VOS C.	ENTER			4 16	A 16 Assessment Data of Original Filled (Manufactor)										C. Ladii idual an Isiat/Ossua Filias (Obsalut III II						
					-   4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)															X	Form	n filed by One	e Reporting F	erson			
BEVERI	Y M.	A (	1915												21		•					
					-										Form filed by More than One Reporting Person							
(City)	(St	ate) (	Zip)																			
(City)	(51	aie) (.	<u></u>																			
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acq	quired,	Dis	posed o	f, o	r Ben	efici	ally	Owne	ed					
1. Title of S	Security (Inst	r. 3)		2. Trans	action											6. Ownershi						
		•		Date			Execution Date,					osed Of (D) (Instr. 3, 4		. 3, 4 a			ties cially	Form: Direction (D) or Indirection				
(Month/D				/Day/Year)		if any (Month/Day/Year)		Code (Instr. 5)		")						d Following	(I) (Instr. 4)	Ownership				
						1,		, ,							Repoi				(Instr. 4)			
									Code	l۷	Amount		(A) or (D)	Price	.	Transaction(s) (Instr. 3 and 4)						
_						-				_						•			_			
Common	Stock			05/20	0/2015				F		658(1)	'	D	\$67	.13	1	3,366	D				
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1. Title of	3A. Deem		4.					6. Date Exercisable and		7. Title and			8. Price of		9. Number o		11. Nature					
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any	Date,	e, Transaction				Expiration (Month/D		Amount of Securities			Derivative Security		derivative Securities	Ownersi Form:	of Indirect Beneficial				
(Instr. 3)	ay/Year)	8)			Securities		,	,	Unc	Underlying		(Instr. 5)		Beneficially	Direct (D	) Ownership						
Derivative Security								Acquired				Derivative Security (Instr.		etr 2	,		Owned Following	or Indire (I) (Instr.				
							(A) or Disposed						and 4)		<b>'</b>		Reported	(i) (iiisii.	<sup>4</sup> '			
							of (D)						•				Transaction	(s)				
						(Instr. 3, 4 and 5)									(Instr. 4)							
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												Am or	ount									
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					Cade	١.,	1,,,		Date		Expiration	T:41	of									
				- 1	Code	V	(A)	(D)	Exercisa	nie	Date	Title	e  Sha	ares	1							

## **Explanation of Responses:**

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

/s/ Barry C. Fougere

05/21/2015

\*\* 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.