Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | $D \subset$ | 20549 | |
|--------------|-------------|-------|--|
| vasilligion, | D.C. | 20349 | |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|---|------------------------------------|-----------|
| obligations may continue. See | | |

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden hours per response: 0.5

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* Ganong Richard J | | | | | 2. Issuer Name and Ticker or Trading Symbol ATN International, Inc. [ATNI] | | | | | | | | | tionship of Reportir all applicable) Director | | 10% O | | wner | |
|--|---|--|---------------------------------|---------------------------------|--|--|--------|--|---------|---|-----------------------|------------------------|---|--|---|---|--|-------------------|---------|
| (Last) | (Fir | st) (MATIONAL, INC. | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/18/2020 | | | | | | | | | | Office below | er (give title v) | | Other (below) | specify |
| 500 CUN | 500 CUMMINGS CENTER | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) BEVERI | LY M | A 0 | 1915 | | | | | | | | | | X | Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | juired, | , Dis | posed of | , or E | Benef | icially | Own | ed | | | |
| Date | | | 2. Transac Date (Month/Da | Execu ay/Year) if any | | A. Deemed kecution Date, any lonth/Day/Year) | | | | es Acquired (A Of (D) (Instr. 3, | | 4 and Securi Benefi | | ties cially I Following | Form | nership : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code V Amount (A) or Pri | | | | | | ice | Transa | ction(s) 3 and 4) | | | (111511.4) | | |
| Common Stock 06/18/2 | | | 06/18/2 | 2020 | | A | | 499 | A | \$(| 0.00(1) | 4 | ,420 | | D | | | | |
| | | Tal | | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | Code (8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amount or Numb of Title Share | | unt per | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. Represents fully vested shares of restricted stock grant pursuant to the Issuer's 2008 Equity Incentive Plan in payment of Mr. Ganong's 2020 annual director retainer based on the moving average price for the past twenty days of \$60.07 of the Issuer's common stock as of June 18, 2020.

/s/ Andrew Fienberg,

Attorney-in-Fact for Richard 06/18/2020

J. Ganong

** 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.