FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* PRIOR MICHAEL T | | | 2. Issuer Name and Ticker or Trading Symbol ATN International, Inc. [ATNI] | | | | | | | | | | k all app Direc | licable) tor | | Owner | | | |
|---|-------------------------------|--|--|-------------------------------|---|--|--|----------------------------|--|------|--------------------|--|--------------------------------------|---|---|---|--|---------------------------------------|--|
| | (Fir I INTERNA IMINGS C | ATIONAL, INC. | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/13/2020 | | | | | | | | | X | Officer (give title below) President a | | below | (specify) | |
| (Street) BEVERI | | | 1915 | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (=:5) | | | | n-Deriva | l tive S | Secur | ities | Aca | uired. | Dis | posed of | or Be | nefi | cially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, | | 3. Transa Code (8) | ction | 4. Securities Acquired (A) | | | or | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount (A) or (D) | | Pri | ce | Transaction(s) (Instr. 3 and 4) | | | (111501. 4) | |
| Common | Stock | | | 03/13/2 | 2020 | | | | F | | 1,829(1) | D | \$5 | 51.41 | 44 | 8,450 | D | | |
| Common | Stock | | | | | | | | | | | | | | 13 | 4,139 | I | Trustee of Lauren S. Prior 2013 Trust | |
| Common | Stock | | | | | | | | | | | | | | 8 | ,541 | I | Trustee of RP 2014 Trust | |
| Common Stock | | | | | | | | | | | | | 7 | 7,741 | I | Trustee of WP 2015 Trust | | | |
| Common Stock | | | | | | | | | | | | | 8,141 | | I | Trustee of JP 2018 Trust | | | |
| | | Tal | | | | | | | | | osed of, o | | | | Owne | d | | | |
| 1. Title of Derivative Security 1. Title of Conversion or Exercise Price of Derivative Security 2. Conversion of Exercise (Month/Day/ (Month/Day/ | | | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transa Code (I 8) | ction | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/V | | isable and te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | 8. F Der Sec (Ins | rivative der curity Sec str. 5) Bei Ow Fol Rej Tra | 9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| Explanation | | | | | | v | (A) (D) | | Date Exercis | able | Expiration Date | N C | Amour or Numbe of Shares | er | | | | | |

1. Represents shares withheld by the Company for payment of Mr. Prior's tax obligations arising from the vesting of previously granted Restricted Stock Units.

/s/ Michael T. Prior 03/16/2020

** 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.