FORM 4

Check this box if no longer subject

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 | | | | | | | | | | |

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| 1. Name and Address of Reporting Person* BENINCASA JUSTIN D | | | | | | 2. Issuer Name and Ticker or Trading Symbol ATN International, Inc. [ATNI] | | | | | | | | | k all app Direc | , | ng Per | son(s) to Is 10% O Other (| wner |
|---|---|-------|--------------|-----------------------------------|---|--|-------------------------|--|---|----------------------|---|----------|--------------------|--|-----------------------|--|--|---|---------|
| C/O ATN INTERNATIONAL, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/07/2021 | | | | | | | | | X | below) | | | below) | Specify |
| 500 CUMMINGS CENTER (Street) BEVERLY MA 01915 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | ' | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | , Dis | posed of | , or E | Benefi | icially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5) | | | | | 4 and Secu Bene | | cially l Following | Form (D) or | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pri | ice | Transa | action(s) 3 and 4) | | | (| |
| Common Stock 03/07/20 | | | | | 2021 | | | F | | 1,164 ⁽¹⁾ | D \$ | | 49.88 | 56,338 | | | 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) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year) | | Code (8) | Transaction of Code (Instr. Deriv | | rities ired r osed) r. 3, 4 | 6. Date Expirat (Month) | ion Da | Securities Underlying Derivative Security (Ins 3 and 4) Amou or Numb | | ant of rities rlying ative rity (Inst 4) Amoul or Number | nt er | | 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 shares withheld by the Company for payment of Mr. Benincasa's tax obligations arising from the vesting of previously granted Restricted Stock Units.

/s/ Justin D. Benincasa

03/09/2021

** 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.