Edgar Filing: ATLANTIC TELE NETWORK INC /DE - Form 4

| ATLANTIC Form 4 July 01, 2015 | TELE NETWO | RK INC /I | DE | | | | | | | | |
|--|--|----------------|--|--|--|----------|---|--|--|----------|----|
| FORM | 1 | | | | | | | | OMB AF | PROVAL | |
| FORM 4 UNITED STATES SEC | | | | ATTIES A | | | NGE C | COMMISSION | OMB Number: | 3235-028 | 37 |
| Check this box if no longer subject to Section 16. Form 4 or | | | F CHANGES IN BENEFICIAL OWNERSH SECURITIES | | | | | | Expires: January 3 200 Estimated average burden hours per response 0 | | |
| Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities I Section 17(a) of the Public Utility Holding Compar 30(h) of the Investment Company A | | | | | npany | y Act of | 1935 or Section | | 0. | .0 | |
| (Print or Type R | (esponses) | | | | | | | | | | |
| Kreisher William F Symbol ATLAN | | | r Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) C/O ATLAN TELE-NETY CUMMING | NTIC WORK, INC., 6 | (Middle) 00 | /DE [A7] 3. Date of (Month/D 07/01/20 | Earliest Tr ay/Year) | ansaction | | | Director X Officer (give below) Senior V | | | |
| | (Street) 4. If Amer Filed(Mon | | | | - | 1 | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| BEVERLY, | MA 01915 | | | | | | | Form filed by M Person | lore than One Re | porting | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | | n Date, if | 3. Transactic Code (Instr. 8) Code V | 4. Securi on(A) or Di (Instr. 3, Amount | ispose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 07/01/2015 | | | S | 1,000 (1) | D | \$ 69.25 | 32,058 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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) | ive Conversion (Month/Day/Year) Execu y or Exercise any | | Execution Date, if | Code | 5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | umber Expiration Date (Month/Day/Year) erivative ecurities cquired A) or isposed c (D) nstr. 3, | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|--|-----------|--------------------|-----------|--|---|--------------------|---|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |
| Repor | rting O | wners | | | | | | | | | |
| Re | Reporting Owner Name / Address | | Director | 10% Owner | | onships | | Oth | her | | |
| Kreisher William F C/O ATLANTIC TELE-NETWORK, INC. 600 CUMMINGS CENTER BEVERLY, MA 01915 | | | | | | or VP, Corp | orate Dev | 01. | | | |
| Signa | tures | | | | | | | | | | |
| /s/ Willia Kreisher | m F. | 07/01/201 | 5 | | | | | | | | |

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**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).

(1) Represents shares sold pursuant to Mr. Kreisher's Rule 10b5-1 trading plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.