

ATLANTIC TELE NETWORK INC /DE

Form 4/A

September 20, 2007

FORM 4**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

Check this box
if no longer
subject to
Section 16.
Form 4 or
Form 5
obligations
may continue.
See Instruction
1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF
SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

OMB APPROVAL

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(Print or Type Responses)

1. Name and Address of Reporting Person *
Kreisher William F

2. Issuer Name and Ticker or Trading
Symbol
ATLANTIC TELE NETWORK INC
/DE [ATNI]

5. Relationship of Reporting Person(s) to
Issuer

(Check all applicable)

(Last) (First) (Middle)
C/O ATLANTIC TELE
NETWORK, INC., 10 DERBY
SQUARE

3. Date of Earliest Transaction
(Month/Day/Year)
09/17/2007

____ Director ____ 10% Owner
X Officer (give title below) ____ Other (specify below)
Senior VP, Corporate Dev.

(Street)
SALEM, MA 01970

4. If Amendment, Date Original
Filed(Month/Day/Year)
09/19/2007

6. Individual or Joint/Group Filing(Check
Applicable Line)
X Form filed by One Reporting Person
____ Form filed by More than One Reporting
Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	09/17/2007		A	(A) or (D) Amount 10,000 (1)	\$ 0	10,000	D
Common Stock	09/17/2007		F	(A) or (D) Amount 3,333 (1)	\$ 32.98	6,667 (1)	D

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

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information contained in this form are not
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(9-02)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

Kreisher William F
C/O ATLANTIC TELE NETWORK, INC.
10 DERBY SQUARE
SALEM, MA 01970

Senior VP, Corporate Dev.

Signatures

/s/ William F.
Kreisher 09/20/2007

__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).

The shares reported herein were omitted from Mr. Kreisher's Form 4 filed on September 19, 2007. 10,000 shares of restricted stock with a four year vesting period and an expiration date of ten years from the date of grant were granted to Mr. Kreisher pursuant to the Atlantic
(1) Tele-Network, Inc. 2005 Restricted Stock and Incentive Plan. Pursuant to an election by Mr. Kreisher in accordance with Section 83(b) of the Internal Revenue Code, 3,333 shares were vested immediately and sold to satisfy Mr. Kreisher's tax obligations arising from this grant. The remaining 6,667 shares will vest in three annual equal installments on each of September 17, 2009, 2010 and 2011.

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.