## Edgar Filing: BENINCASA JUSTIN D - Form 4

BENINCAS	A JUSTIN D											
Form 4												
March 20, 20	)19											
FORM	14						NODO		OMB AF	PROVAL		
UNITED STATES SECURITI					TIES AND EXCHANGE COMMISSION					3235-0287		
Check th	is box		Was	shington,	D.C. 20	549			Number:	January 31,		
if no longer				NORGIN DENIFERCIAL OWNERCHIP O					Expires: 20			
	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O						NEKSHIP OF	Estimated average				
Section 1 Form 4 o				SECUK	11165				burden hours per			
Form 5		urguant to	Section 1	6(a) of the	- Securit	ies F	vchang	e Act of 1934,	response	0.5		
obligation	ns Section 1'						•	f 1935 or Section	n			
may cont	inue.			vestment	•	· ·						
See Instru 1(b).	lction	50(11)	or the m	vestment	compun	<i>y</i> 110	. 01 17					
1(0).												
(Print or Type I	Responses)											
BENINCASA JUSTIN D Symbol				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to				
								Issuer				
				ternationa	al, Inc. [A	ATNI	[]	(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction					,		
				onth/Day/Year)				Director 10% Owner				
			03/17/2	03/17/2019				XOfficer (give titleOther (specify below) below)				
INC., 500 C	UMMINGS CH	ENTER							CFO			
	(Street)		4. If Ame	endment, Da	te Origina	l		6. Individual or Jo	oint/Group Filin	g(Check		
			Filed(Mor	nth/Day/Year	)			Applicable Line)				
								_X_ Form filed by C				
BEVERLY,	MA 01915							Form filed by M Person	tore than One Re	porting		
(City)	(State)	(Zip)	Tabl	le I - Non-D	orivotivo	Socur	ities Aco	uired, Disposed of	° or Bonoficial	ly Owned		
	от <i>с</i> р	( )A D					_			-		
1.Title of Security	2. Transaction Da (Month/Day/Yea		3. Transactio	4. Securi			5. Amount of Securities	6. Ownership Form: Direct				
(Instr. 3)	(Wionaw Day) i ca	any	II Dute, II	Code	(Instr. 3,	•		Beneficially		Beneficial		
(Month/Day			Day/Year)	(Instr. 8)				Owned	Indirect (I) Owner	Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)		
						(A)		Transaction(s)				
				Code V	Amount	or (D)	Drias	(Instr. 3 and 4)				
Common					Amount 1,051		Price \$					
Stock	03/17/2019			F	(1)	D	φ 55.39	57,506	D			
Stoon							00.07					

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
BENINCASA JUST C/O ATN INTERN 500 CUMMINGS C BEVERLY, MA 01			CFO					
Signatures								
/s/ Justin D. Benincasa	03/20/201	19						
<u>**</u> 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 withheld by the Company for payment of Mr. Benincasa's tax obligations arising from the vesting of shares of previously granted restricted stock.

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.