## Edgar Filing: Noone Karl - Form 4

Noone Karl

Noone Karl								
Form 4								
May 06, 2013								
FORM 4 UNITED STATES SECURITIES		OMB APPROVAL						
Washingt	S SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549			3235-0287				
Check this box			Expires:	January 31,				
subject to	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES			Estimated average burden hours per				
Form 4 or	Sheemines							
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction Form 5 obligations Mage Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 30(h) of the Investment Company Act of 1940 1(b). Company Act of 1940 (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)								
(Print or Type Responses)								
No ana Vaul	nd Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer						
Symbol		155001						
/DE [ATNI]	ELE NETWORK INC	(Check	all applicable	)				
(Last) (First) (Middle) 3. Date of Earlies (Month/Day/Yea				Owner er (specify				
C/O ATLANTIC 05/02/2013		below) below) SVP & Corporate Controller						
TELE-NETWORK, INC., 600		511 & CC		onei				
CUMMINGS CENTER								
(Street) 4. If Amendment		6. Individual or Joint/Group Filing(Check						
Filed(Month/Day/	ear)	Applicable Line) _X_ Form filed by One Reporting Person						
BEVERLY, MA 01915		_X_ Form filed by Mo Form filed by Mo Person						
(City) (State) (Zip) Table I - No	(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)3.1.Title of (Month/Day/Year)2. Transaction Date (Month/Day/Year)3.1.1.Title of (Month/Day/Year)2. Transaction Date, if (Month/Day/Year)1.1.1.Title of (Month/Day/Year)2.1.1.1.Title of (Month/Day/Year)1.1.1.1.Title of (Month/Day/Year)1.1.1.	4. Securities Acquired tion(A) or Disposed of (D) (Instr. 3, 4 and 5)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)					
	V Amount (D) Price	(mour o unu 1)						
Common 05/02/2013 S Stock S	$750 \frac{(1)}{1}$ D $\frac{$}{50.13}$	10,576	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)

## Edgar Filing: Noone Karl - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	ate	Secur	unt of rlying	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		

## **Reporting Owners**

Reporting Owner Name / Address		Relationships					
		Director	10% Owner	Officer	Other		
Noone Karl C/O ATLANTIC TELE-NETWORK, INC. 600 CUMMINGS CENTER BEVERLY, MA 01915				SVP & Corporate Controller			
Signatures							
/s/ Karl D. Noone	05/06/2013						
<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).
- Reflects the weighted average price of shares sold in multiple transactions at prices ranging from \$50.12 to \$50.14, inclusive. The
   (1) reporting person undertakes to provide to Atlantic Tele-Network, Inc., any stockholders of Atlantic Tele-Network, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price.

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.