## Edgar Filing: AMERICAN TOWER CORP /MA/ - Form 4

AMERICAN Form 4 June 02, 201	N TOWER CORI	? /MA/									
									OMB AF	PROVAL	
Check this box if no longer subject to STATEMENT OF CHANG				RITIES AND EXCHANGE COMMISSION shington, D.C. 20549				OMB Number:	3235-0287		
				IGES IN BENEFICIAL OWN					Expires:	January 31,	
								ERSHIP OF	Estimated a	2005 average	
Section 16.				SECURITIES					burden hours per		
Form 4 c Form 5		report to S	Section 1	6(a) of th	a Sacuri	tion F	lychange	Act of 103/	response	0.5	
Form 5 obligations Section 17(a) of the Public Utility Holding Company Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section											
may cont See Instr	linue.			vestment	•	· ·	•		L.		
1(b).	uction	( )			- <b>I</b>	5					
(Print or Type l	Responses)										
1. Name and Address of Reporting Person *2. IssuerKATZ CAROLYNSymbol				er Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
AMER			-	RICAN TOWER CORP /MA/ ]				(Check all applicable)			
(Last)	(First) (	Middle)	3. Date of	f Earliest Ti	ransaction			_X_ Director		Owner	
			/Day/Year)				Officer (give title Other (specify below)				
116 HUNTINGTON AVENUE06/01/20			.016					5010 (1)			
			endment, Date Original				6. Individual or Joint/Group Filing(Check				
			Month/Day/Year)				Applicable Line)				
BOSTON, MA 02116				_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(State)	(Zip)	Tabl	le I - Non-E	Derivative	Secur	ities Acau	iired, Disposed of,	or Beneficiall	v Owned	
1.Title of	2. Transaction Date	e 24 Deem		3.			-	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution Date, if any		Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	0. Ownership	Indirect	
(Instr. 3)									Form: Direct		
(Month/Day/Year			ay/Year)	(Instr. 8)				Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	06/01/0016			<b>C</b> (1)	5 000	D	\$	16 50 4	D		
Stock	06/01/2016			S <u>(1)</u>	5,000	D	105.26 (2)	16,584	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		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	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

KA 11 BC Si

> /s/ atte

Reporting Owner Name / Address	Relationships						
reporting of the round ( round )	Director	10% Owner	Officer	Other			
KATZ CAROLYN 116 HUNTINGTON AVENUE BOSTON, MA 02116	Х						
Signatures							
/s/ Mneesha O. Nahata, as attorney-in-fact	06/02/2016						

\*\*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 sales reported on this Form 4 were pursuant to a 10b5-1 trading plan adopted by the reporting person on March 15, 2016. (1)
- Represents the weighted average price of shares sold in multiple same-day transactions at prices ranging from \$105.01 to \$105.74 per (2) share.

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.