SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	Address of Repo s Kelly C	2. Date of E Requiring S (Month/Day 03/10/202	itatement /Year)	3. Issuer Name and Ticker or Trading Symbol <u>AMERICAN TOWER CORP /MA/</u> [AMT]								
(Last) 116 HUNTI (Street) BOSTON (City)	(First) INGTON AV MA (State)	(Middle) ENUE 02116 (Zip)			Issue	lationship of Reporting r :k all applicable) Director Officer (give title below)	10% C)wner (specify	File 6. li	d (Month/Day) ndividual or Jo eck Applicable Form filed Person	int/Group Filing Line) by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				I	2. Amount of Securities Beneficially Owned (Instr. 4)					4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)		curity Convers		sion (cise (F	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr.	
		Date Exercisable	Expiration Date		Title	Amount or Number of Shares	Price of Derivat Securit	ive	Direct (D) or Indirect (I) (Instr. 5)	5)		

Remarks:

No securities are beneficially owned

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<u>/s/ Mneesha O. Nahata, as</u> <u>attorney-in-fact</u>

03/17/2022

** Signature of Reporting Person Date

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

* If the form is filed by more than one reporting person, see Instruction 5 (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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.