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## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

# OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

|                         | n*                    | 2. Issuer Name and Ticker or Trading Symbol<br>AMERICAN TOWER CORP /MA/ [ AMT ] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)                             |                                                                                                                                                                                 |                                                                                                                                                                                                                                 |  |  |
|-------------------------|-----------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <u>NUDERI D</u>         |                       | t                                                                               | X                                                                                                   | Director                                                                                                                                                                        | 10% Owner                                                                                                                                                                                                                       |  |  |
| (Last) (Eirst) (Middlo) |                       | 3. Date of Earliest Transaction (Month/Day/Year)<br>07/15/2019                  |                                                                                                     | Officer (give title below)                                                                                                                                                      | Other (specify below)                                                                                                                                                                                                           |  |  |
|                         |                       | 4. If Amendment, Date of Original Filed (Month/Day/Year)                        | 6. Indiv<br>Line)                                                                                   | vidual or Joint/Group Filing (Check Applicable                                                                                                                                  |                                                                                                                                                                                                                                 |  |  |
| МА                      | 02116                 |                                                                                 | X                                                                                                   | Form filed by One Reporting Person                                                                                                                                              |                                                                                                                                                                                                                                 |  |  |
| BOSTON MA 02116         |                       |                                                                                 |                                                                                                     | Form filed by More than One Reporting                                                                                                                                           |                                                                                                                                                                                                                                 |  |  |
| (State)                 | (Zip)                 |                                                                                 |                                                                                                     |                                                                                                                                                                                 |                                                                                                                                                                                                                                 |  |  |
|                         | (First)<br>TON AVENUE | (First) (Middle)<br>FON AVENUE<br>MA 02116                                      | AMERICAN TOWER CORP /MA/ [ AMT ]         (First) (Middle)         ION AVENUE         MA       02116 | AMERICAN TOWER CORP /MA/ [ AMT ]       (Check X         (First)       (Middle)         ION AVENUE       3. Date of Earliest Transaction (Month/Day/Year)         MA       02116 | AMERICAN TOWER CORP /MA/ [AMT]       (Check all applicable)         X Director       X Director         (First)       (Middle)         TON AVENUE       3. Date of Earliest Transaction (Month/Day/Year)         MA       02116 |  |  |

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

| 1. Title of Security (Instr. 3) | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | Transaction<br>Code (Instr. |   | 4. Securities<br>Disposed Of ( |               |          | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|---------------------------------|--------------------------------------------|-------------------------------------------------------------|-----------------------------|---|--------------------------------|---------------|----------|---------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|
|                                 |                                            |                                                             | Code                        | v | Amount                         | (A) or<br>(D) | Price    | Transaction(s)<br>(Instr. 3 and 4)                                        |                                                                   | (1130.4)                                                          |
| Common Stock                    | 07/15/2019                                 |                                                             | <b>S</b> <sup>(1)</sup>     |   | 100                            | D             | \$210.33 | 5,770                                                                     | D                                                                 |                                                                   |

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transaction<br>Code (Instr.<br>8) |   | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr. 3<br>and 4) |                                        | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|-----------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|-----------------------------------------|---|-------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|
|                                                     |                                                                       |                                            |                                                             | Code                                    | v | (A)                                                                                                               | (D) | Date<br>Exercisable                                            | Expiration<br>Date | Title                                                                                               | Amount<br>or<br>Number<br>of<br>Shares |                                                     |                                                                                                                            |                                                                          |                                                                    |

Explanation of Responses:

1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 1, 2019.

#### Remarks:

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

07/17/2019

\*\* 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 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).

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.