Mottor Danielle S

Form 3

January 24, 2019							
FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION				ON OMB APPROVAL	OMB APPROVAL		
	Washington, I	D.C. 20549			OMB Number: 3235-0)104	
INITIAL S	STATEMENT OF BEN		OWNERSH	IIP OF	Expires: January		
Section 17(a) of	SECURI t to Section 16(a) of the t the Public Utility Holdi 0(h) of the Investment C	Securities E ng Company	Act of 193		Estimated average burden hours per 4, response	2005 0.5	
(Print or Type Responses)							
1. Name and Address of Reporting Person <u>*</u> Mottor Danielle S	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Nam ATLANTI		-	• •		
(Last) (First) (Middle)	01/23/2019	4. Relationshi Person(s) to Is			. If Amendment, Date Origina	al	
C/O 3 ALLIED DRIVE, SUITE 155			all applicable)		iled(Month/Day/Year)		
(Street) DEDHAM, MA 02026		X Director Officer (give title below	Othe	r F ow) P	. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting terson Form filed by More than One teporting Person		
(City) (State) (Zip)	Table I - N	Non-Derivat	ive Securit	ies Bene	eficially Owned		
1.Title of Security (Instr. 4)	2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natur Ownersl (Instr. 5	-		
Common shares	0		D	Â			
information cont required to respo	ach class of securities benefic spond to the collection of ained in this form are not ond unless the form displ MB control number.	t S.	EC 1473 (7-02	2)			

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date	3. Title and Amount of Securities Underlying	4. Conversion	5. Ownership	6. Nature of Indirect Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
		Title	Derivative	Security:	
			Security	Direct (D)	

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Mottor Danielle S C/O 3 ALLIED DRIVE SUITE 155 DEDHAM, MA 02026	ÂX	Â	Â	Â		
Signatures						
/s John S. Miele, attorney-in-fact	01/	24/2019				
**Signature of Reporting Person		Date				

Explanation of Responses:

* 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. 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.