Palter Gilbert S	Samuel									
Form 4/A										
September 07,	2017									
FORM	4 UNITED ST	TATES SECURI				GE C	OMMISSION	OMB AI OMB	PPROVAL 3235-0287	
Check this	hox	Wash	ington, I	D.C. 205	49			Number:		
if no longer subject to Section 16. Form 4 or Form 5	STATEME	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5	
obligations may continu <i>See</i> Instruct 1(b).	ue. Section 17(a)	ant to Section 16 of the Public Util 30(h) of the Invo	lity Holdi	ng Com	pany .	Act of	1935 or Section	1		
(Print or Type Res	sponses)									
1. Name and Add Palter Gilbert	Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol ATLANTIC POWER CORP [AT]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (Mid	dle) 3. Date of H	3. Date of Earliest Transaction				(Cheer	ek un uppheuolo)		
C/O ATLANT CORPORATI DRIVE, SUIT		(Month/Day/Year) 08/14/2017				_X_ Director Officer (give t below)		Owner er (specify		
	(Street)	Street) 4. If Ameno Filed(Month 08/16/202					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DEDHAM, M	IA 02026						Form filed by M Person	ore than One Re	eporting	
(City)	(State) (Zi	p) Table	I - Non-Dei	rivative S	ecuriti	ies Acqu	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
7.0%			Code V	Amount	or (D)	Price	(Instr. 3 and 4)	(111511. 4)		
Cumulative Rate Reset Preferred Stock, Series	08/14/2017		Р	500	A	\$ 15.05 (1)	1,900	D (2)		

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

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### Edgar Filing: Palter Gilbert Samuel - Form 4/A

#### 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur (Instr	le and unt of rlying rities : 3 and 4) Amount or Number	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Excretsable	Date		of Shares		
Repo	rting O	wners									
<b>Reporting Owner Name / Address</b>			Relati	ionships							
		Director	10% Owi	mer Offic	cer Other						
C/O ATL 3 ALLIEI	bert Samuel ANTIC PO D DRIVE, S M, MA 0202	WER CORPORA SUITE 220	TION, X								
Signa	turos										

## Signatures

/s/ Jeffrey S. Levy,	
attorney-in-fact	09/07/2017

<u>\*\*</u>Signature of Reporting Person

## **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).

Date

The purchase price was denominated in Canadian dollars ("Cdn. \$") and is reported on this Form 4 in U.S. dollars ("U.S. \$") based on the (1) noon buying rate on August 11, 2017, in New York City for Canadian dollars, as reported by the Federal Reserve Bank of New York, of Cdn. \$1.2689 = U.S. \$1.00.

Due to an administrative error, the Form 4 filed for Mr. Palter on August 16, 2017 incorrectly reported that Mr. Palter held the securities(2) listed on this form indirectly through EGADS Investments LP (an entity wholly-owned by Mr. Palter and his immediate family). This amended Form 4 corrects that error and indicates that Mr. Palter holds these securities directly.

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.