## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CH	HANGES	IN BEN	IEFICIAL	<b>OWNERS</b>	SHIP

	OMB APPE	ROVAL							
	OMB Number:	3235-0287							
	Estimated average burden								
1	hours ner resnonse.	0.5							

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

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

1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol PRIMUS TELECOMMUNICATIONS								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
AQUINO PETER D													_		X Dire		tor		10% O	wner
(Last)	(Fir	rst) (I	Middle)			GROUP INC [ PTGI ]									X	X Officer (give title below)			Other (specify below)	
, ,	NES BRAN	CH DRIVE	,					st Trans	action (N	/lonth/	Day/Year)					Cha	irman, Pre	sident a	nd CE	O
SUITE 9		OII DIU ( D			06/	06/30/2011														
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)			22402												Line) X Form filed by One Reporting Person					
MCLEA	N VA	Δ 2	22102												21		filed by Mor		•	
(City)	(St	ate) (2	Zip)												Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1 Title of C	'agurity (Ingt			2. Transa			A. Deer		3.	,	1						ount of	6. Owne	rehin	7. Nature
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Exect ay/Year) if any		ecution Date,		Transaction		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Se		Securities Beneficially		irect direct 4)	of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount (A)		(A) or (D)	Pric	Transa		ted action(s) 3 and 4)			
Common	Stock			06/30	/2011	2011			A		80,820	) <sup>(1)</sup> D		\$	\$0 245,320		5,320 <sup>(2)</sup>	D		
Common	Stock			06/30	)/2011	2011			A		163,546 <sup>(3)</sup> D		\$	\$0 408,866 <sup>(4)</sup>		8,866(4)	D			
		Та									sed of,					vned			<u> </u>	
			(	e.g., pı	uts, c	alls	, war	rants,	optior	ıs, c	onvertib	le se	ecurit	ies)						
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  Security  3. Transaction Date (Month/Day/Year) if any (Month/Day/Y			Date,		ransaction Code (Instr.		of E		6. Date Exercisal Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V (A) (D)		(D)	Date Expiration Date		Title	or Nun of		er							

## **Explanation of Responses:**

- 1. Consists of a restricted stock grant of 80,820 shares on 6/30/2011, of which 26,940 shares vested on 6/30/2011, 26,940 shares vest on 1/1/2012 and 26,940 shares vest on 1/1/2013.
- $2. \ Includes \ a \ restricted \ stock \ grant \ of \ 164,500 \ shares, \ of \ which \ 109,667 \ remain \ subject \ to \ vesting, \ and \ the \ amount \ described \ in \ footnote \ 1.$
- 3. Consists of common stock grants of 54,833, 54,833, 26,940 and 26,940 shares in respect of performance-based awards granted on 6/30/2011.
- 4. Includes shares described in footnotes 2 and 3.

07/05/2011

\*\* 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.