### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02		
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OMB Number:	3235-0287
Estimated average I	burden
hours per response	. 05

# 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* <u>Abrams David C</u>				CF	2. Issuer Name <b>and</b> Ticker or Trading Symbol  CROWN CASTLE INTERNATIONAL  CORP [ CCI ]								5. Relationship of Repor (Check all applicable) X Director		ng Person(s) to Issuer 10% Owner				
(Last) 222 BER 22ND FL	KELEY S	First) (Middle)		3. 🖸	3. Date of Earliest Transaction (Month/Day/Year) 12/15/2009									Officer (give title below)			Other below	(specify )	
(Street) BOSTON (City)			)2116 Zip)		_   4. If	4. If Amendment, Date of Original Filed (Month/Day/Yea						ay/Year)		Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)			2. Transact Date (Month/Day	th/Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amount of Securities Beneficially Owned Following Reported		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Transa (Instr. 3	ction(s)			(Instr. 4)
Common	Stock														13,071		D		
Common Stock				12/15/2	12/15/2009				S		414,049	D	\$36.9	6.925		8,721,396			See Footnote <sup>(1)</sup>
Common Stock			12/16/2	009				S		882,986	D	\$36.9	86.9217		7,838,410			See Footnote <sup>(1)</sup>	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Security or Exercise (Month/Day/Year) if any			emed tion Date, n/Day/Year)  4. Transa Code (8)				rative rities nired r osed )	6. Date Exer Expiration I (Month/Day)		ate	7. Title Amoun Securit Underly Derivat Securit and 4)	t of ies /ing	De Sei (In:	B. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	or Number of Shares						

#### **Explanation of Responses:**

1. The shares represented herein are held by private investment funds of which Mr. Abrams, directly or indirectly, is the managing member of the general partner and/or is the managing member of the investment manager. In such capacities, Mr. Abrams may be deemed to have voting and investment power with respect to all shares being reported herein. Mr. Abrams disclaims beneficial ownership of these shares, except to the extent of his pecuniary interest therein, and the inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of the shares reported herein for purposes of Section 16 or for any other purpose.

## Remarks:

/s/ David C. Abrams

\*\* Signature of Reporting Person Date

12/17/2009

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.