FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
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| STATEMENT | OF | CHANGES | IN E | BENEFIC | CIAL | OWNER | RSHIP |
|-----------|----|---------|------|---------|------|-------|-------|
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| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per respons | e 0.5 | | | | | | | | |

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

| Name and Address of Reporting Person* PATEL SUNIT S | | | | | 2. Issuer Name and Ticker or Trading Symbol CROWN CASTLE INC. [CCI] | | | | | | | | | ck all app | licable) | ng Per | rson(s) to Is | | |
|--|---|---------|-----------------|--|---|---|---|------|---------------------------------------|-----------------------------|---|--|--|---|--|----------------------|---------------|--------------------|---------|
| (Last) | (Fir | est) (M | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/08/2024 | | | | | | | | | | Office | er (give title v) | | Other (s below) | specify |
| 8020 KATY FREEWAY | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | XT NC | 7 | 7024 | | | | | | | | | | | X | | filed by Mo | | orting Person | - 1 |
| (City) | (St | ate) (Ž | Zip) | | Rul | le 10 |)b5- | 1(c) | Trans | sact | ion Indi | icatio | on | | | | | | |
| Check this box to indicate that a transaction was satisfy the affirmative defense conditions of Rule | | | | | | | | | | | | uction or writ | ten pla | n that is inter | nded to | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date, | | Transaction Disposed Code (Instr. 5) | | ies Acquired (A) Of (D) (Instr. 3, 4 | | | Securit Benefic Owned | ities F icially (I d Following (I | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | | rted action(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock, \$0.01 Par Value | | | | 01/08/ | 3/2024 | | | | A | | 784(1) | I | A | \$ <mark>0</mark> | | 784 | | D | |
| | 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) | ative Conversion or Exercise (Month/Day/Year) Frice of Derivative Security Conversion of Exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) Code (Instr. 8) | | | 5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instr | rities ired r osed) | Expiration Date (Month/Day/Year) Amor Secu Unde Deriv | | | rlying rative rity (Ins I 4) | str. | . Price of lerivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amou or Numb of Share | ber | | | | | |

Explanation of Responses:

1. The stock is issued pursuant to the Company's 2022 Long-Term Incentive Plan as a component of non-employee director compensation.

Remarks:

/s/ Sunit S. Patel

01/10/2024

Date

** Signature of Reporting Person

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.