			/	APPROVAL	/			
			/ OMB Number / Expires: I / Estimated / hours per	e: 3 December 31 average bu response	235-0287 / , 2001 / rden / 0.5 /			
+ FORM 4		U.S. SECURITIE	,		,			
+] Check this box i			GTON, D.C. 20		ON			
no longer subject to Section 16.	subject STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP							
Form 4 or Form 5 obligations may continue. See Instruction 1(b)	Exc Publ . Sectionses)	pursuant to Se change Act of 1 Lic Utility Hol on 30(f) of the	934, Section ding Company	17(a) of t Act of 193	he 5 or			
Name and Address	of Reporting	g Person* MICHAEL				-		
(Last)		(First)			ddle)	-		
		Castle Internat Bering, Suite						
		(Street)				-		
Houston		Texas			77057	_		
(City)		(State)			(Zip)			
. Issuer Name and CROWN CASTLE INT	TERNATIONAL CO	ORP. (CCI)						
. I.R.S. Identific (voluntary)	cation Number	of Reporting P	erson, if an	entity				
. Statement for Mc	onth/Year 	August 2002						
. If Amendment, Da	ate of Origina	al (Month/Year)						
. Relationship of Director	X Officer		er (Check all 10% Owner	Other				
Senior Vi		of Business De						
. Individual or Jo X Form filed Form filed	by One Report	ing Person						
able INon-Derivat	cive Securitie	es Acquired, Di	sposed of, or	Beneficia	lly Owned			
. Title of Security (Instr. 3)	action Date	3. Trans- 4. Securities Acquired (A) action or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			Securities Beneficially	ship Form: Direct	7. Nature of In- direct Bene- ficial	
	Year)	Code V	Amount	(A) or (D)	Price	Month (Instr. 3 and 4)	<pre>Indirect (I) (Instr. 4)</pre>	(Instr. 4
ommon Stock).01 Par Value	8/19/02	P	2,500	A	\$1.62			
ommon Stock).01 Par Value	8/19/02	P	21,000	А	\$1.63			
ommon Stock).01 Par Value	8/19/02	P	17,500	А	\$1.64			
ommon Stock).01 Par Value	8/19/02	P	9,000	А	\$1.65			
ommon Stock 0.01 Par Value	8/19/02	P	11,000	А	\$1.85			
ommon Stock 0.01 Par Value	8/19/02		29,000	А	\$1.89			
ommon Stock 0.01 Par Value						100,000	D	

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 person, see Instruction $4\,(b)\,(v)$

in this form are not required to respond unless the form displays a currently valid $\ensuremath{\mathsf{OMB}}$ control 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. Conver- sion or Exercise Price of Deriv- ative Security	3. Trans- action Date (Month/ Day/ Year)	4. Transac- tion Code (Instr. 8)	Acquired Disposed	curities (A) or
			Code V	(A)	(D)
Table IIDerivative Secur: (e.g., puts, calls, warra	6. Date Exer- 7. cisable and Expiration Date (Month/Day/ Year)		8. Price 9 of Derivative Security	of Deriv- ative Secur- ities Bene- ficially	Owner- 11. Na- ship ture Form of In- of De- direct rivative Bene- Securities ficial Bene- Owner- ficially ship
	Date Expira- Exer- tion cisable Date	Amount or Title Number of Shares		of	Owned at (Instr. End of 4) Month(1) (Instr. 4)

Explanation of Responses:

/s/ MICHAEL SCHUEPPERT 8/20/02

**Signature of Reporting Person Date
MICHAEL SCHUEPPERT

** 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.