FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number	3235-02								

OMB Number: 3235-0287 Estimated average burden hours per response: 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		`							Τ.							
1. Name and Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol CROWN CASTLE INTERNATIONAL									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>HUTCHESON EDWARD C JR</u>					CORP [ CCI ]									ΧI	Dire	ctor		10% C	wner		
-					-   -	<u> </u>	_ [ CC	ı j									er (give title			(specify	
(Last) (First) (Middle)				3.0	3. Date of Earliest Transaction (Month/Day/Year)									ŀ	oelo	N)		below)			
1220 AUGUSTA					02/21/2008																
SUITE 5	00													_							
				_   4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														٦	- /	Forn	n filed by One	e Rep	orting Pers	on	
HOUSTON TX 77057																Form filed by More than One Reporting					
,					-											Person					
(City)	(St	ate) (	Zip)																		
		Tabl	e I - Noi	n-Deriv	/ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Ben	efici	ally O	wne	ed				
1. Title of S	Security (Inst	r. 3)		2. Trans	action	ction 2A. Deemed Execution D						ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Secur Benef		ount of		wnership n: Direct	7. Nature of Indirect Beneficial Ownership	
					(Month/Day/Year)		if any (Month/Day/Year)		Code (Instr.   5)								(D) or Indirect (I) (Instr. 4)	r Indirect			
						(WOII		ontin Day rear		)   0)		(4)			Repo		ted	""	(1) (111341. 4)	(Instr. 4)	
									Code	l۷	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)					
Common Stock \$0.01 Par Value 02/2				02/2	21/2008				A		3,464(	1)	A	\$0.	.00	86,411			D		
															1.420			by			
Common Stock \$0.01 Par Value																1,130		I	Spouse		
		Ta	hla II - I	Derivat	tiva S	ACI	ıritige	Acau	ired D	iena	sed of,	or B	enefi	ciall	v Owr	had					
		10									onvertib					icu					
1. Title of	2.	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any		4.			ımber	6. Date Exercisable a			7. Title and			8. Price		9. Number o		10.	11. Nature	
Derivative Security	Conversion or Exercise			Date,	Transa Code (				Expiration Date (Month/Day/Year)				Amount of Securities		Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of Derivative		(Month/Da	ay/Year)	y/Year) 8)			rities iired				Underlying Derivative			(Instr. 5)		Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
Security							(A) or Disposed of (D) (Instr. 3, 4 and 5)					Security (Instr. and 4)			3		Following		(I) (Instr. 4)	(1113411 4)	
						Reported Transaction											(s)				
												(Instr. 4)									
													Am	ount	1						
													or Nui	nber							
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	of Sha	ıres							

## **Explanation of Responses:**

1. The stock is issued pursuant to the Company's 2004 Stock Incentive Plan, as amended, as a component of non-employee director compensation.

/s/ Edward C. Hutcheson

02/22/2008

\*\* Signature of Reporting Person Date

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

- \* 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.