FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL							
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	hours per response:	0.5						

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 A KABAT K	rting Person [*]	2. Date of E Requiring S (Month/Day	tatement	3. Issuer Name and Ticker or Trading Symbol CROWN CASTLE INC. [CCI]								
(Last) 8020 KATY	(First) FREEWAY	(Middle)	08/01/2023		4. Relationship of Report Issuer (Check all applicable) X Director Officer (give)	ting Person(s) to 10% Owner Other (specify		5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street) HOUSTON (City)	TX (State)	77024 (Zip)			title below)		ow)		eck Applicable Form filed I Person	by One Reporting		
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				E	2. Amount of Securities Beneficially Owned (Inst I)	r. Forn (D) o			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock, \$0.01 Par Value					1,000		D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			ate	3. Title and Amount of Secu Underlying Derivative Secu (Instr. 4)				5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.			
		Date Exercisable	Expiration Date	Title	Amou or Numb of Share	unt Deriva Securi	tive	Direct (D) or Indirect (I) (Instr. 5)	5)			

Explanation of Responses:

Remarks:

/s/ Kevin T. Kabat

08/02/2023

** Signature of Reporting

Date

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

 $Note: File \ three \ copies \ of \ this \ Form, \ one \ of \ which \ must \ be \ manually \ signed. \ If \ space \ is \ insufficient, \ see \ Instruction \ 6 \ for \ procedure.$

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.

^{*} If the form is filed by more than one reporting person, see Instruction 5 (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).