FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasi	iington,	D.C.	20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number: Estimated average burden hours per response: 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* Abrams David C					2. Issuer Name and Ticker or Trading Symbol CROWN CASTLE INTERNATIONAL CORP [CCI]									(Ch	eck all app X Direct	all applicable) Director		ng Person(s) to Issue		
(Last) 222 BER	ast) (First) (Middle) 22 BERKELEY STREET, 22ND FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 02/19/2009										Officer (give title below)		below	(specify)	
(Street) BOSTON			02116 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	e) <mark>X</mark> Forn Forn	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tabl	le I - No	on-Deriv	ative	Sec	uritie	s Acc	quired	, Dis	sposed o	f, or	Bene	ficial	ly Own	ed				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3 5)		iired (A nstr. 3,) or 4 and		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)						
									Code	v	Amount	(A) (D)	(A) or (D) Prid		Transac	Reported Transaction(s) (Instr. 3 and 4)			(111501.4)	
Common	Stock			02/19/	2009				A		6,250(1)	1	A :	\$0.00	13	3,071	D			
Common	Stock														I 11 609 999 I I I			See Footnote ⁽²⁾		
		Та	able II -								osed of, convertib				Owned					
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		Code (8)	ansaction de (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		unt ber	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly D	0. Ownership Form: Direct (D) or Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

Explanation of Responses:

- 1. These shares were issued pursuant to the Issuer's 2004 Stock Incentive Plan, as amended, as a component of non-employee director compensation.
- 2. The shares reported 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.

02/23/2009 /s/ David C. Abrams

** Signature of Reporting Person Date

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.