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			/	 B APPROVAL	/				
			/ OMB Numbe / Expires: / Estimated / hours per	r: 3 December 31 average bu response	235-0287 / , 2001 / rden / 0.5 /				
	ORM 4		TIES AND EXCHAN		ON				
[_]	Check this box if no longer subject	STATEMENT OF C	HANGES IN BENEF	ICIAL OWNER	SHIP				
to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). (Print or Type Response		-	f 1934, Section Holding Company	17(a) of t Act of 193	he 5 or				
 1.	Name and Address of Ro								
	(Last)	(First)			ddle)				
		Crown Castle Inter 510 Bering, Sui	te 500						
		(Street)							
	Houston	Texas			77057				
	(City)	(State)			(Zip)				
2.	Issuer Name and Ticke	IONAL CORP. (CCI)							
3.	I.R.S. Identification Number of Reporting Person, if an entity (voluntary)								
4.	Statement for Month/Ye	ear August 200							
5	If Amendment, Date of								
		-							
6. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director									
	Individual or Joint/G. X Form filed by One Form filed by Mone cle INon-Derivative Se	e Reporting Person re than One Reporti	ng Person		lly Owned				
 1	Title 2.	 Trans- 3. Trans-	4 Securit	ies Acquire		5. Amount of	5. Owner- 7		
	of Security (Instr. 3)	action action Date Code (Month/ (Instr.	or Disp (Instr. 8)	or Disposed of (D) (Instr. 3, 4 and 5)		Securities Beneficially Owned at	ship Form: Direct	of In- direct Bene- ficial	
		Year) Code	V Amount	(A) or (D)		Month (Instr. 3 and 4)	Indirect	Owner- ship	
	mon Stock 01 Par Value 8/2	0/02 P	6,100	А	\$1.68	6,100	D		
own	ninder: Report on a separed directly or indirect	tly.			icially				
Pot	ential persons who are this form are not requ	to respond to the	collection of i	nformation					
	id OMB control number. Table IIDerivative Section (e.g., puts, calls)	curities Acquired, s, warrants, option	-		-				

	ative Security	Year)				
			Code V		(A) (D)	
Table IIDerivative Securities Acque (e.g., puts, calls, warrants, opti	ired, Disposed of, c	or Beneficially Ow				
cisa Expi Date (Mor	6. Date Exer- 7. Title and Amount of cisable and Underlying Securities Expiration (Instr. 3 and 4) Date (Month/Day/ Year)			9. Number of Deriv- ative Secur- ities Bene- ficially	ship Form of De- rivative Securities Bene-	1. Na- ture of In- direct Bene- ficial Owner-
Exer- cisabl	Le Date	Amount or e Number of Shares	- 5)	Owned at End of Month (Instr. 4)	ficially Owned at End of Month(1) (Instr. 4)	ship (Instr. 4)

Day/

(Instr. 3, 4, and 5)

Explanation of Responses:

/s/ MARK SCHROTT 8/20/02 **Signature of Reporting Person Date
MARK SCHROTT

** Intentional misstatements or omissions of facts constitute Federal
 Criminal Violations.
 See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Deriv-

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.