FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	
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STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL							
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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person*  Melone Anthony J.				2. Issuer Name <b>and</b> Ticker or Trading Symbol CROWN CASTLE INTERNATIONAL						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
Melone	Anthony	/ <u>J.</u>			CORP [ CCI ]							X	_			10% Ov			
(Last)	(Fir	rst) (1	Middle)		2 Da	oto of E	arline	t Trance	action (N	1onth/	Day/Voor)			+	Office belov	er (give title v)		Other (s below)	specify
, ,	TY FREEV	VAY	,		3. Date of Earliest Transaction (Month/Day/Year) 02/17/2022														
(Street)					4. If A	Amend	ment,	Date of	f Origina	l Filed	l (Month/Da	y/Year	)	6. Ind Line)	lividual o	r Joint/Grou	p Filinç	g (Check A	pplicable
HOUSTO	ON TX	7	7024											X		,	filed by One Reporting Person		
(City)	(St	ate) (2	Zip)		Form filed by More than One Reportin Person								orting						
		Table	I - Non-D	Deriva	tive S	Secu	rities	s Acq	uired,	Dis	oosed of	, or E	Bene	ficial	y Own	ed			
1. Title of Security (Instr. 3)		Da	Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		(A) or 3, 4 and	5. Amo Securit Benefic Owned Report	ties Folicially (D)		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code V Amount (A) or (D) Price Transaction (Instr. 3 and				ction(s)			(III3U. <del>4</del> )							
Common	Stock \$0.0	1 Par Value	(	02/17/2	2022				A		1,407 <sup>(1)</sup> A		4	\$ <mark>0</mark>	14,813			D	
		Tal	ole II - De (e.								osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code ( 8)		5. Number 6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		D Se (II	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amo or Num of Shai	nber					

## **Explanation of Responses:**

1. The stock is issued pursuant to the Company's 2013 stock incentive plan as a component of non-employee director compensation.

## Remarks:

/s/ Anthony J. Melone

02/18/2022

\*\* Signature of Reporting Person

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.