FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

shington,	D.C.	20549			
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OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								

0.5

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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. Name and Address of Reporting Person* Melone Anthony J. (Last) (First) (Middle) 1220 AUGUSTA DRIVE SUITE 600					2. Issuer Name and Ticker or Trading Symbol CROWN CASTLE INTERNATIONAL CORP [CCI] 3. Date of Earliest Transaction (Month/Day/Year) 03/13/2020								(Che	Relationship of Reportir heck all applicable) X Director Officer (give title below)			ng Person(s) to Issuer 10% Owner Other (specify below)			
(Street) HOUSTO		· · · · · · · · · · · · · · · · · · ·	7057 Zip)		4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc						
		Table	I - Nor	า-Deriva	tive S	Secu	rities	Acq	uired,	Dis	osed of	, or E	3ene	ficial	ly Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (5)						Benefic	ties cially Following	Form (D) o	vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) (D)	or	Price	Transa	ction(s) 3 and 4)			(111311. 4)	
Common Stock \$0.01 Par Value 03/13/				03/13/	/2020		G	V	1,800	00 D		\$0	13,944			D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	rivative curity or Exercise (Month/Day/Year) Frice of Derivative Security Execution Date if any (Month/Day/Year)		4. Transa Code (8)	Instr.	of	r osed) . 3, 4	6. Date I Expirati (Month/I	on Da Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amou or Numb of Title Share		str.	Report Trans (Institute)		у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

Remarks:

Anthony J. Melone

01/07/2021

** Signature of Reporting Person 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.

 $^{^{\}star}$ 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).