Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Washington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL							
OMB Number: 3235-0287								
Estimated average burden								
hours per response	: 0.5							

						• •										
Name and Address of Reporting Person*     HOGAN LEE W				2. Issuer Name and Ticker or Trading Symbol CROWN CASTLE INTERNATIONAL								tionship of Reporting Person(s) to Issuer all applicable)				
				CORP [ CCI ]							X Dire	ctor		10% O	wner	
		<u> </u>	Corr [ Cor ]						_		Officer (give title		Other (speci			
(Last)	(Fir	rst) (N	/liddle)			arliest Transa	action (N	onth/	Day/Year)			belo	N)		below)	
8020 KA	TY FREEV	VAY		02/1	7/202	22										
(Street)				4. If A	Amend	ment, Date of	Origina	l Filed	(Month/Day	/Year)	6. I Lin		r Joint/Grou	ıp Filing (0	Check A	Applicable
HOUST	ON TX	7	7024								- 1	,	n filed by On	ne Reporti	ng Pers	son
												Forn	n filed by Mo	ore than O	ne Rep	orting
(City)	(St	ate) (Ž	Ľip)									Pers	on		·	Ü
		Table	I - Non-De	erivative S	Secui	rities Acq	uired,	Disp	osed of,	or Ber	eficia	lly Owr	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			Execution Day/Year) if any										6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
	occurry (ma	u. 3)	Date		Exed if an	cution Date,	3. Transa Code ( 8)		4. Securities Disposed O 5)			Securi Benefi Owner	cially d Following	Form: D (D) or In	irect direct	7. Nature of Indirect Beneficial Ownership
	Security (ins	u. 3)	Date	e	Exed if an	cution Date, ny	Transa Code (	Instr.	Disposed O			Securi Benefi Owned Repor Transa	ties cially I Following	Form: D (D) or In	irect direct	of Indirect Beneficial
		1 Par Value	Date (Mo	e	Exed if an	cution Date, ny	Transa Code ( 8)	Instr.	Disposed O 5)	f (D) (Inst	r. 3, 4 ar	Securi Benef Owned Repor Transa (Instr.	ties cially d Following ted action(s)	Form: D (D) or In	irect direct . 4)	of Indirect Beneficial Ownership
		1 Par Value	Date (Mo	e onth/Day/Year) 2/17/2022 rivative Se	Exec if an (Mor	cution Date, ny nth/Day/Year) ties Acqui	Transa Code ( 8) Code	v Pispo	Amount  536 <sup>(1)</sup> osed of, o	(A) or (D)  A  r Bene	Price	Securi Benefi Owner Repor Transa (Instr.	ties cially d Following ted action(s) 3 and 4)	Form: D (D) or In (I) (Instr.	irect direct . 4)	of Indirect Beneficial Ownership
		1 Par Value	Date (Mo	e onth/Day/Year) 2/17/2022 rivative Se	Exec if an (Mor	cution Date, ny nth/Day/Year)	Transa Code ( 8) Code	v Pispo	Amount  536 <sup>(1)</sup> osed of, o	(A) or (D)  A  r Bene	Price	Securi Benefi Owner Repor Transa (Instr.	ties cially d Following ted action(s) 3 and 4)	Form: D (D) or In (I) (Instr.	irect direct . 4)	of Indirect Beneficial Ownership

## **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/ Lee W. Hogan

Title

Expiration

Date

02/18/2022

Transaction(s) (Instr. 4)

\*\* Signature of Reporting Person

Amount or Number

Shares

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).

Code

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.

of (D) (Instr. 3, 4 and 5)

(D)

(A)

Date

Exercisable