FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* POPE MARIA M | 2. Date of E Requiring S (Month/Day 09/01/202 | statement /Year) | 3. Issuer Name and Ticker CROWN CASTLE | | | | |
|--|--|---------------------|--|--|--|--|--|
| (Last) (First) (Middle) 121 SW SALMON STREET | | .5 | Relationship of Reporting Issuer (Check all applicable) X Director | | 5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing | | |
| (Street) PORTLAND OR 97204 (City) (State) (Zip) | _ | | Officer (give title below) | Other below | (specify | (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | |
| 1. Title of Security (Instr. 4) | | | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Own Form: I (D) or I (I) (Inst | Direct O | i. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| Common Stock, \$0.01 Par Value ⁽¹⁾ | | | 0 | D | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | |
| Title of Derivative Security (Instr. 4) 2. Date Exercisable ar Expiration Date (Month/Day/Year) | | ate | 3. Title and Amount of S Underlying Derivative S (Instr. 4) | | 4. Conversion | cise Form: | 6. Nature of Indirect Beneficial Ownership (Instr. |
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Price of Derivative Security | Direct (D) or Indirect (I) (Instr. 5) | 5) |

Explanation of Responses:

1. No securities are beneficially owned.

Remarks:

/s/ Maria M. Pope

09/05/2023

** Signature of Reporting

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 5 (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.