FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-		

	OWD / WITH	O V/ \L
IIP	OMB Number:	3235-0287
···	Estimated average bu	rden
	hours per response:	0.5

	Check this box if no longer subject
ı	to Section 16. Form 4 or Form 5
ı	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.					CR	2. Issuer Name and Ticker or Trading Symbol CROWN CASTLE INTERNATIONAL CORP [ CCI ]									ck all app	ationship of Reportin (all applicable) Director Officer (give title below)		rson(s) to Is  10% O	wner
(Last) (First) (Middle) 1220 AUGUSTA DRIVE SUITE 600						3. Date of Earliest Transaction (Month/Day/Year) 02/10/2021												below)	. ,
(Street) HOUST(		·	7057 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	osed of	, or E	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,			3. Transaction Disposed Of (D) (Instr. 3 s)				Benefic	ies cially Following	Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or I	Price	Transaction(s) (Instr. 3 and 4)				(111501. 4)
Common Stock \$0.01 Par Value 02/10/2					2021		G	V	1,629	D \$0		\$ <mark>0</mark>	12,315			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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I		4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		S (I	. Price of lerivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	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 Shar	ber					

**Explanation of Responses:** 

Remarks:

Anthony J. Melone

02/11/2021

\*\* 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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

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