FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| | OMB APPROVAL | | | | | | |
|--|--|-----|--|--|--|--|--|
| | OMB Number: 3235-010 Estimated average burden | | | | | | |
| | | | | | | | |
| | hours per response: | 0.5 | | | | | |

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 Add Bartolo P F | Date of Event Requiring Staten Month/Day/Year 12/20/2014 | nent | 3. Issuer Name and Ticker or Trading Symbol CROWN CASTLE INTERNATIONAL CORP [CCI] | | | | | | | | | |
|--|---|--------------|--|----------|--------|--|---|----------------------------------|---|--|---|--|
| (Last) 1220 AUGUS (Street) HOUSTON (City) | (First) STA DRIVE S TX (State) | (Middle) | _ _ _ | | | tionship of Reporting Perso call applicable) Director Officer (give title below) | on(s) to Issue 10% Owne Other (spe below) | er | If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | | able I - Non | -Derivat | ive S | ecurities Beneficiall | y Owned | | <u> </u> | | | |
| 1. Title of Security (Instr. 4) | | | | | | int of Securities ially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| Common Stock, \$0.01 Par Value | | | | | | 7,000 | D | | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | |
| | | (e. <u>c</u> | | | | | | s) | | | | |
| 1. Title of Deriva | ative Security (In | | | s, warra | nts, c | | securities | 4. Conve or Exe Price o | rcise | 5. Ownership Form: Direct (D) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | |

Explanation of Responses:

P. Robert Bartolo

02/20/2014

** 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 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).