### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

Name and Address of Reporting Person*     Collins Robert Sean					2. Issuer Name and Ticker or Trading Symbol  CROWN CASTLE INTERNATIONAL  CORP [ CCI ]											all appl Direct Office	icable) or r (give title	g Person(s) to Iss 10% Ov Other (s		wner
(Last) 1220 AU	`	irst) RIVE SUITE 60	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/19/2018										X	below) below)  Vice President and Controller				er
(Street) HOUST(			77057 (Zip)		4. If	Amer	ndmen	t, Date	e of Original Filed (Month/Day/Year)						5. Individual or Joint/Group Filing (.ine)  X Form filed by One Report Form filed by More than 0 Person				orting Person	
		Tab	le I - No	n-Deriv	ative	Sec	uriti	es Ac	cquired	, Dis	posed	of, c	or Be	nefici	ally	Owne	d			
1. Title of Security (Instr. 3) 2. Tran			2. Transa Date (Month/Da		r) Ex	ZA. Deemed Execution Date, if any (Month/Day/Year)		Transaction D Code (Instr.			Securities Acquired (A) posed Of (D) (Instr. 3, 4					ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount (A) or (D)		Price		Transac	eported ransaction(s) nstr. 3 and 4)			(Instr. 4)	
Common Stock, \$0.01 Par Value			02/19/				М		580		A	\$	0	1,	,413	D				
Common	Stock, \$0.0	)1 Par Value		02/19/	2018				F		196(1	1)	D	\$109	9.12	1,217			D	
Common Stock, \$0.01 Par Value															7 <sup>(2)</sup>		I		By 401(k) Plan	
		Т	able II -	Derivat (e.g., p												wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,	4. Transa Code (I 8)		n of		6. Date E: Expiratio (Month/D	n Date	<b>:</b>	Amo Seci Und Deri	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own Forr Dire or In (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title		Amount or Number of Shares						
Time	(3)	02/19/2018			M		580		(4)		(4)	Con	nmon	580		<b>\$0</b>	1,160		D	

# **Explanation of Responses:**

- 1. Represents shares withheld by the issurer to satisfy the Reporting Person's tax withholding obligation in connection with the vesting of certain shares of restricted stock previously granted to the Reporting Person. Such withholding is exempt from Section 16 (b) pursuant to Rule 16b-3(e).
- 2. Represents shares previously acquired in transactions exempt under Rule 16b-3(c).
- 3. Each Restricted Stock Unit ("RSU") is issued pursuant to the Company's 2013 Long-Term Incentive Plan and represents a contingent right to receive one share of common stock, and vesting (i.e., forfeiture restriction termination) generally is subject to (i) the reporting person remaining an employee or director of the Company or its affiliates and (ii) the other criteria described in the footnote below
- 4. 33 1/3% of the Time RSUs vests on February 19 of each of 2018, 2019 and 2020.

# Remarks:

02/21/2018 /s/ Robert Sean Collins

\*\* Signature of Reporting Person 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 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).

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.