FORM 4

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
hours per response:	0.5								

1. Name and Address of Reporting Person [*] SCHLANGER DANIEL K			2. Issuer Name and Ticker or Trading Symbol <u>CROWN CASTLE INC.</u> [CCI]	(Check	ationship of Reporting Pe (all applicable) Director	10% Owner
(Last) 8020 KATY FI	(IVIIddie)		3. Date of Earliest Transaction (Month/Day/Year) 09/30/2024	V	Officer (give title below) EVP & Chief Fina	Other (specify below) Incial Officer
(Street) HOUSTON	ТХ	77024	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	ridual or Joint/Group Filin Form filed by One Re Form filed by More that	porting Person
(City)	(State)	(Zip)			Person	. •

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

· · · · ·												
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)		
Common Stock, \$0.01 Par Value	09/30/2024		М		11,486	A	\$ <mark>0</mark>	120,954	D			
Common Stock, \$0.01 Par Value	09/30/2024		F		4,520(1)	D	\$116.61	116,434	D			
Common Stock, \$0.01 Par Value								921 ⁽²⁾	Ι	By 401(K) Plan		

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. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Time RSUs	(3)	09/30/2024		М			11,486	(4)	(4)	Common Stock	11,486	\$ <mark>0</mark>	9,599	D	

Explanation of Responses:

1. Represents shares withheld by the issuer to satisfy the reporting person's tax withholding obligation in connection with the vesting of certain Restricted Stock Units ("RSUs") 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 RSU is issued pursuant to the Crown Castle Inc. ("Company") 2022 Long-Term Incentive Plan, as amended.

4. These time RSUs were previously granted on January 23, 2024. 11,486 of the original grant amount of these Time RSUs vested on September 30, 2024. 9,599 of the original grant amount of these Time RSUs are scheduled to vest on December 31, 2024, subject to the reporting person remaining an employee of the Company or its affiliates on such date.

Remarks:

/s/ Daniel K. Schlanger ** Signature of Reporting Person <u>10/01/2024</u> 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.