SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Instruction 1(b).		1	heck this box if no longer subject ection 16. Form 4 or Form 5 bligations may continue. See Istruction 1(b).	tc
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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 APP	ROVAL
OMB Number:	3235-0287
Estimated average t	ourden

Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person [*] MARTIN J LANDIS			2. Issuer Name and Ticker or Trading Symbol CROWN CASTLE INTERNATIONAL		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
MARIINJ	LANDIS		CORP [CCI]	X	Director	10% Owner			
(Last) (First) (Middle)		(Middlo)			Officer (give title below)	Other (specify below)			
C/O PLATTE	RIVER EQUIT	Y	3. Date of Earliest Transaction (Month/Day/Year) 02/21/2019						
200 FILLMO	RE STREET, SI	UTTE 200	4. If Amendment, Date of Original Filed (Month/Day/Year)		vidual or Joint/Group Fili	ng (Check Applicable			
(Street)	CO	80206		Line)	Form filed by One Re	porting Person			
		00200			Form filed by More th Person	an One Reporting			
(City)	(State)	(Zip)							

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

Table 1 - Non-Derivative Securities Acquired, Disposed of, of Benencially Owned												
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)		
Common Stock, \$0.01 Par Value	02/21/2019		A		2,345 ⁽¹⁾	A	\$ <mark>0</mark>	112,167	D			
Common Stock, \$0.01 Par Value								4,000	Ι	By spouse		
Common Stock, \$0.01 Par Value								1,000(2)	Ι	By child 1 trust		
Common Stock, \$0.01 Par Value								400 ⁽²⁾	I	By child 2 trust		
Common Stock, \$0.01 Par Value								200 ⁽²⁾	I	As custodian for grandchild 1 under UTMA		
Common Stock, \$0.01 Par Value								200 ⁽²⁾	I	As custodian for grandchild 2 under UTMA		

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)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed . 3, 4		Expiration Date (Month/Day/Year)		and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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				

Explanation of Responses:

1. The stock is issued pursuant to the Company's 2013 stock incentive plan as a component of non-employee director compensation.

2. The reporting person disclaims beneficial ownership of these shares, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

Remarks:

/s/ J. Landis Martin

02/25/2019

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.

** Signature of Reporting Person

Date