WALLANDER EDWARD W Form 4 August 22, 2001

| | // | OMB APPROVAL |
|--|--|--|
| | / Expir / Estim / hours | Number: 3235-0287 / res: December 31, 2001 / rated average burden / resper response 0.5 / respectively |
| obligations may continue. See | U.S. SECURITIES AND EXWASHINGTON, D. STATEMENT OF CHANGES IN E Filed pursuant to Section 16 Exchange Act of 1934, Security Folding Companies and Companies | BENEFICIAL OWNERSHIP (a) of the Securities stion 17(a) of the spany Act of 1935 or |
| Instruction 1(b). (Print or Type Responses) | Section 30(f) of the Investment | ment Company Act of 1940 |
| 1. Name and Address of Re | eporting Person* | |
| WALLANDER | EDWARD | W . |
| (Last) | (First) | (Middle) |
| c/o Crown Castle Internat | inal Corp. 510 Bering, Suite | 500 |
| | (Street) | |
| Houston | Texas | 77057 |
| (City) | (State) | (Zip) |
| 2. Issuer Name and Ticke: | r or Trading Symbol CROWN CAS (CCI) | STLE INTERNATIONAL CORP. |
| 3. I.R.S. Identification (voluntary) | Number of Reporting Person, i | f an entity |
| 4. Statement for Month/Ye | | |
| | 9 | 001 |
| 5. If Amendment, Date of | Original (Month/Year) | |

6. Relationship of Reporting Person(s) to Issuer (Check all applicable)

| Director | | ale below) | 10% Owner | | fy below) | |
|---|----------------|------------------------------|---|------------|-----------|---|
| President and Ch | | | | | | |
| 7. Individual or Jo X Form filed Form filed | by One Report | ing Person | | | | |
| Table INon-Derivat | ive Securitie | es Acquired, Di | sposed of, or | Beneficial | ly Owned | |
| of act Security Dat (Instr. 3) (Mo | action Date | action Code (Instr. 8) | 4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficiall Owned at End of |
| | Year) | Code V | | (D) | | Month (Instr. 3 a |
| Common Stock \$0.01 Par Value | 8/20/01 | P | 4,000 | A | \$7.76 | |
| Common Stock \$0.01 Par Value | 8/20/01 | P | • | A | \$7.75 | 10,000 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SEC 1474 (3-99)

Reminder: Report on a separte line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one person, See Instruction $4\,(b)\,(v)$

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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. Conver- sion or Exercise Price of Deriv- ative Security | 3. Trans- action Date (Month/ Day/ Year) | 4. Transac- tion Code (Instr. 8) | | |
|--|---|---|---|--|--|
| | | | Code V | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Table IIDerivative Securi | | | ıned | | |
| | 6. Date Exer- cisable and Expiration Date (Month/Day/ Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price 9. Numb of of Deriv- ative Secu Secur- ity Bene (Instr. fici | | |
| | Date Expira- Exer- tion cisable Date | Amount or Title Number of Shares | at E of Mont | | |

(Inst

| 9 | 3 | | |
|------|---|------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Explanation of Responses:

/s/ EDWARD W. WALLANDER 8/21/01
-----**Signature of Reporting Person Date
EDWARD W. WALLANDER

** 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 provided is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.