

MORELAND W BENJAMIN  
 Form 4  
 August 22, 2001

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 / OMB APPROVAL /  
 /-----/  
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 | FORM 4 |  
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U.S. 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  
 Filed pursuant to Section 16(a) of the Securities  
 Exchange Act of 1934, Section 17(a) of the  
 Public Utility Holding Company Act of 1935 or  
 Section 30(f) of the Investment Company Act of 1940

(Print or Type Responses)

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 1. Name and Address of Reporting Person\*

MORELAND	W.	BENJAMIN
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(Last)	(First)	(Middle)
c/o Crown Castle International Corp. 510 Bering, Suite 500		
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(Street)		
Houston	Texas	77057
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(City)	(State)	(Zip)

2. Issuer Name and Ticker or Trading Symbol CROWN CASTLE INTERANTIONAL CORP.  
 (CCI)  
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3. I.R.S. Identification Number of Reporting Person, if an entity  
 (voluntary)  
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4. Statement for Month/Year August 2001  
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5. If Amendment, Date of Original (Month/Year)  
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6. Relationship of Reporting Person(s) to Issuer (Check all applicable)  
 \_\_\_\_\_ Director     Officer    \_\_\_\_\_ 10% Owner    \_\_\_\_\_ Other

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(give title below) (specify below)  
 Senior Vice President, CFO, Treasurer  
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7. Individual or Joint/Group Filing (Check Applicable Line)

Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

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

1. Title of Security (Instr. 3)	2. Trans-action Date (Month/Day/Year)	3. Trans-action Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at End of Month (Instr. 3 a)		
			Code	V	Amount (A) or (D)		Price	
Common Stock \$0.01 Par Value	08/20/01	P			10,000	A	\$8.00	10,000

SEC 1474 (3-99)

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 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.



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Explanation of Responses:

/s/ W. Benjamin Moreland	8/20/01
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**Signature of Reporting Person	Date
W. BENJAMIN MORELAND	

\*\* 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.

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