

CROWN CASTLE INTERNATIONAL CORP  
 Form 4  
 May 01, 2003  
 SEC Form 4

|   |   |   |   |
|---|---|---|---|
| <p><b>FORM 4</b></p> <p><input type="checkbox"/> Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).</p>  | <p><b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b><br/>                 Washington, D.C. 20549</p> <p><b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP</b></p> <p>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(h) of the Investment Company Act of 1940</p> | <p>OMB APPROVAL</p> <hr/> <p>OMB Number: 3235-0287<br/>                 Expires: January 31, 2005<br/>                 Estimated average burden hours per response. . . . . 0.5</p> |   |
| <p>1. Name and Address of Reporting Person*<br/> <b>Cunningham, Wesley D.</b></p> <p>_____<br/>                 (Last) (First)<br/>                 _____<br/>                 (Middle)<br/> <b>510 Bering Drive</b><br/> <b>Suite 500</b></p> <p>_____<br/>                 (Street)<br/> <b>Houston TX 77057</b></p> <p>_____<br/>                 (City) (State)<br/>                 _____<br/>                 (Zip)</p> | <p>2. Issuer Name and Ticker or Trading Symbol</p> <p><b>Crown Castle International Corp.</b><br/> <b>CCI</b></p> <p>3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)</p>  | <p>4. Statement for (Month/Day/Year)</p> <p><b>04/29/2003</b></p> <p>5. If Amendment, Date of Original (Month/Day/Year)</p>   | <p>6. Relationship of Reporting Person(s) to Issuer<br/>                 (Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner<br/> <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)</p> <p>Description <b>Senior Vice President, Chief Accounting Officer and Corporate Controller</b></p> <p>7. Individual or Joint/Group Filing (Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person<br/> <input type="checkbox"/> Form filed by More than One Reporting Person</p> |

**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) |   | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4, and 5) |          |               | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--------------------------------------|--------------------------------------|--|--------------------------------|---|--|----------|---------------|---|--|---|
|                                      |                                      |  | Code                           | V | Amount   | A/D      | Price         |   |  |   |
| <b>Common Stock \$0.01 Par Value</b> | <b>04/29/2003</b>                    |  | <b>F</b>                       |   | <b>3,320(1)</b>  | <b>D</b> | <b>\$6.22</b> | <b>41,680</b>   | <b>D</b>   |   |

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security | 2. Conversion or Exercise | 3. Transaction Date | 3A. Deemed Execution | 4. Transaction | 5. Number of | 6. Date Exercisable and | 7. Title and Amount of Underlying | 8. Price of Derivative | 9. Number of Derivative Securities | 10. Ownership | 11. Na |
|---------------------------------|---------------------------|---------------------|----------------------|----------------|--------------|-------------------------|-----------------------------------|------------------------|------------------------------------|---------------|--------|
|---------------------------------|---------------------------|---------------------|----------------------|----------------|--------------|-------------------------|-----------------------------------|------------------------|------------------------------------|---------------|--------|

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| (Instr. 3) | Price of Derivative Security | (Month/Day/Year) | Date, if any (Month/Day/Year) | Code (Instr.8) |   | Derivative Securities (Instr. 3 and 5) |   |    |    |       |                            | Security (Instr.5) | Beneficially Owned Following Reported Transaction(s) (Instr.4) | Form of Derivative Securities: Direct (D) or Indirect (I) (Instr.4) |  |
|------------|------------------------------|------------------|-------------------------------|----------------|---|--|---|----|----|-------|----------------------------|--------------------|--|---|--|
|            |                              |                  |                               | Code           | V | A                                      | D | DE | ED | Title | Amount or Number of Shares |                    |  |   |  |
|            |                              |                  |                               |                |   |  |   |    |    |       |                            |                    |  |   |  |

**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 shares of restricted stock previously granted to the Reporting Person. Such withholding is exempt from Section 16(b) pursuant to Rule 16b-3(e).

**By:**  
/s/ Wesley D. Cunningham

**Date:**  
04/30/2003

\*\* Signature of Reporting Person

SEC 1474 (9-02)

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.  
 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.