

Edgar Filing: MORELAND W BENJAMIN - Form 4

MORELAND W BENJAMIN  
Form 4  
August 22, 2001

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/ OMB APPROVAL /  
/-----/  
/ OMB Number: 3235-0287 /  
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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  
-----  
(Last) (First) (Middle)  
c/o Crown Castle International Corp. 510 Bering, Suite 500  
-----  
(Street)  
Houston Texas 77057  
-----  
(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol CROWN CASTLE INTERANTIONAL CORP.  
(CCI)  
-----

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    X    \_\_\_ Officer    \_\_\_ 10% Owner    \_\_\_ Other

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(give title below) (specify below)
Senior Vice President, CFO, Treasurer

7. Individual or Joint/Group Filing (Check Applicable Line)

X 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

Table with 5 columns: 1. Title of Security (Instr. 3), 2. Transaction Date (Month/Day/Year), 3. Transaction Code (Instr. 8), 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) including Code, V, Amount, (A) or (D), and Price, 5. Amount of Securities Beneficially Owned at End of Month (Instr. 3 a).

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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