FORM 4

UNITED STATES 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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* FRANTZ FRANCIS X					<u>CC</u>	2. Issuer Name and Ticker or Trading Symbol COMMUNICATIONS SALES & LEASING, INC. [CSAL]										tionship of Reporting all applicable) Director Officer (give title		10% O Other (:		wner (specify	
(Last) (First) (Middle) 10802 EXECUTIVE CENTER DRIVE, BENTON BUILDING, SUITE 300						3. Date of Earliest Transaction (Month/Day/Year) 06/01/2015										belov	w)		below)		
(Street) LITTLE (City)	ROCK A		72211 (Zip)		_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										ividual or Joint/Group Filing (Check Applicable 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. Transaction Date (Month/Day/Year)		r) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				4 and Secu Bene Own		cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount		(A) or (D)	Pric	е	Reported Transaction(s) (Instr. 3 and 4)				(11150.4)			
Common Stock				06/01	06/01/2015				A		2,702(1)	A	\$0	.00	136,350 ⁽²⁾		D			
Common Stock 06/					1/2015				A		3,614	3)	A	\$0.00		139,964		D			
Common Stock 06					1/2015				A		10,840	(3)	A	A \$0.0		0 150,804		D			
Common	ommon Stock															,359(4)	I		By IRA		
Common Stock															140 ⁽⁴⁾			I		By Trust	
		Ta									sed of, onvertib					wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deen Executio if any (Month/D	n Date,	4. Transa Code (8)		on of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) Amount or Number of Title Shares			t		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dire or I (I) (nership m: ect (D) ndirect nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- 1. Subject to the reporting person's continued service on the issuer's board of directors, these shares will vest on February 29, 2016.
- 2. Includes 133,648 shares acquired in a pro rata distribution by Windstream Holdings, Inc. ("Windstream") in connection with the issuer's spin-off from Windstream on April 24,2015 (the "Spin-Off").
- 3. Subject to the reporting person's continued service on the issuer's board of directors, these shares vest in four equal installments on June 1 of each year, with the first vesting date being June 1, 2016.
- 4. Represents shares acquired in Windstream's pro rata distribution in connection with the Spin-Off.

Remarks:

FRANCIS X. FRANTZ, BY: BLAKE SCHUHMACHER, ATTORNEY-IN-FACT, /s/

06/03/2015

Blake Schuhmacher

** Signature of Reporting Person Date

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.