FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington,	D.C.	20549	
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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per response:	0.5									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

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* BURGESS RONALD L JR			<u>C(</u>	2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC CYH ]						_ [	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner     Officer (give title Other (specify							
(Last) 4000 ME	,	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024							Officer (give title Oth below) below				pecity	
(Street) FRANKLIN TN 37067				- 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person						
	LIIN II		37007		-								Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)		Rı	Rule 10b5-1(c) Transaction Indication					•							
Check this box to indicate that a transaction was made pursuant to a c satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instru									n or written	plan th	at is intended	to						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Trans Date (Month/				action 2A. Deemed Execution Date, if any (Month/Day/Yea		3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) 5)			Beneficia	es Form ally (D) of Following (I) (Ir		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership Instr. 4)					
								Code	v	Amount	(A) o	Price	Transact (Instr. 3 a	tion(s)			(IIISU. 4)	
Common Stock													0 D					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			ransaction of ode (Instr. Derivative		ive les ed ed nstr.	6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  7. Title and of Securitie Underlying Derivative S (Instr. 3 and			ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)		Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units	\$0	03/01/2024			A		62,718		(1)		(1)	Common Stock	62,718	\$2.87	62,71	8	D	

## **Explanation of Responses:**

1. The restricted stock units vest in 1/3 increments on the first, second and third anniversary of the date of grant. Based on the Reporting Person's prior deferral election pursuant to the terms of the award agreement, the Reporting Person will be issued that number of shares of common stock of the Company upon the Reporting Person's cessation as a director or upon a date specified by the Reporting Person.

Christopher G. Cobb, Attorney

in Fact for Ronald L. Burgess,

03/01/2024

<u>Jr.</u>

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.