FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OM	1B API	PROVAL	
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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 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person* HAMMONS KEVIN J				<u>CC</u>	2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC CYH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify						
(Last) (First) (Middle) 4000 MERIDIAN BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 02/27/2014								Senior VP and CAO						
(Street) FRANKLIN TN 37067			- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting							
(City) (State) (Zip)					Person														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,			3. 4. Securities Acquired (Disposed Of (D) (Instr. 8)			4 and 5) Securit		es For ially (D) Following (I) (: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount (A) or (D)		Price	Transaction					,o,		
Common Stock 02.			02/2	7/201	7/2014			F		1,368	D	\$42	2.25	27,2	215		D		
Common S	Stock			03/0	1/201	4			A		20,000	A	\$0	0.00	47,215			D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	d Date,	4. Transa Code (8)	ction	5. Numl	oer ive ies ed ed ed nstr.	6. Date Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Ar of Securities Underlying Derivative Sec (Instr. 3 and 4			nd Amo ties ng e Secur	unt S. Price of Derivative Security (Instr. 5) Ity (Instr. 5) Security Se		9. Number derivative Securities Beneficial Owned Following Reported Transacti (Instr. 4)	rivative curities Form: Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal	ole	Expiration Date	Title	Amou or Numl of Share	ber					
Performance Based Restricted	\$0.00	03/01/2014			A		20,000		03/01/201	.5 ⁽¹⁾	02/29/2024	Common Stock	20,0	000	\$0.00	20,00	0	D	
Stock Options (Right to Buy)	\$37.21								02/28/20	008	02/27/2015	Common Stock	1,50	00		1,500)	D	
Stock Options (Right to Buy)	\$40.41								07/25/20	008	07/24/2015	Common Stock	8,00	00		8,000)	D	
Stock Options (Right to Buy)	\$32.28								02/27/20	109	02/26/2018	Common Stock	1,50	00		1,500	0	D	
Stock Options (Right to Buy)	\$33.9								02/24/20)11	02/23/2020	Common Stock	1,00	00		1,000)	D	
Stock Options (Right to Buy)	\$37.96								02/23/20)12	02/22/2021	Common Stock	1,00	00		1,000	0	D	
Stock Options (Right to	\$21.07								02/16/20	13	02/15/2022	Common Stock	4,00	00		4,000)	D	

Explanation of Responses:

1. Each performance based restricted share represents a contingent right to receive one share of CYH common stock. The lapsing of the restrictions is dependent on the Company meeting certain cost savings ("synergies") from the Health Management Associates, Inc. merger transaction. The performance target may be met in part in the first year or in whole or in part over the first two years. There is also a time vesting element to the maximum targets of the award. If the objectives are not met, the shares will be forfeited.

Remarks:

<u>Christopher G. Cobb, Attorney</u> <u>in Fact for Kevin J. Hammons</u>

03/03/2014

** 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 contai	ned in this form are not required to	respond unless the form displays a cu	rrently valid OMB Number.