FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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l	OMB Number:	3235-0287
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Section obligat	n 16. Form 4 or ions may conti		STAT											ERSH	P	Estima	Number: ated ave per resp	rage burder	3235-0287 1 0.5	
Instruc	tion 1(b).			File							es Exchar Ipany Act					<u>  </u>				
1. Name and Address of Reporting Person <sup>*</sup> Ely James S. III						2. Issuer Name and Ticker or Trading Symbol <u>COMMUNITY HEALTH SYSTEMS INC</u> [ CYH ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify					
(Last) (First) (Middle) 4000 MERIDIAN BLVD					3. Date of Earliest Transaction (Month/Day/Year) 03/01/2018								-	officer (gi below)	ve title		below)	specity		
(Street) FRANK	Street) FRANKLIN TN 37067				4. If Amendment, Date of Original Filed (Month/Day/Year) 6								- I	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(City) (State) (Zip)			(Zip)		Form filed by More than One Reportin												ing Person			
			Table I - Nor	-Deriv	ative	Secur	ities A	Acquii	red, C	Disp	osed o	of, or	Benef	icially C	Owned					
1. Title of S		2. Transaction Date (Month/Day/Y		Execution Date,		ite, Ti C	e, Transaction Dispos Code (Instr.		4. Securi Dispose				5. Amount of Securities Beneficially Following		Form:	nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									ode \	,	Amount		A) or D)	Price	Reported Transaction (Instr. 3 and				(Instr. 4)	
Common	Stock			03/01/2018					М		1,42	9	Α	<b>\$0.00</b> <sup>(1)</sup>	52,626			D		
Common	Stock		03/01/2018					М		4,49	5	Α	<b>\$0.00</b> <sup>(1)</sup>	57,121			D			
Common	03/01/	03/01/2018				М		6,166		Α	<b>\$0.00</b> <sup>(1)</sup>	63,287		D						
Common	Stock													4,990			I	By E5 Investors LLC		
			Table II - I	Derivat (e.g., p											vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3 4 and 5)		ive ies ed (A) osed nstr. 3,	ve Expiration Date Securities Under (Month/Day/Year) Derivative Secu (Instr. 3 and 4) sed					erlying	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitio Benefici Owned Followin Reporte	ive Owner ies Form: cially Direct or Indi ng (I) (Ins		t (Instr. 4)				
				Code	v	(A)	(D)	Date Exerci	isable	Ex Da	piration Ite	Title		ount or nber of tres		Transac (Instr. 4)				
Restricted Stock Units	\$0.00	03/01/2018		М			1,429	03/01	1/2016	02	/28/2025	Comm Stock	on	1,429	\$0.00	0	) D			
Restricted Stock Units	\$0.00	03/01/2018		М			4,495	03/01	1/2017	02	/28/2026	Comm Stocl		4,495	\$0.00	4,49	194 D			
Restricted Stock Units	\$0.00	03/01/2018		М			6,166	03/01	1/2018	02	/28/2027	Comm Stocl		6,166	\$0.00	12,3	332 D			
Restricted Stock Units	\$0.00	03/01/2018		A		37,118		03/01/2	/2019 <sup>(2)</sup>	02	/28/2028	Comm Stock		37,118	\$4.58 <sup>(1)</sup>	37,1	18 D			
Stock Units (SU)								(.	(3)		(3)	Comm Stock	<sup>on</sup> 15,	967.943	943 15,90		7.943 D			
1. The securi		ses: common stock on a or its vest in 1/3 increme		cond and t	hird ann	iversary o	late of th	he date o	of grant.	Upo	n vesting.	the Repo	rting Pe	rson will be	issued that nu	nber of sl	hares of	the Commo	on Stock of the	
Company. 3. The Stock	Units were acc	crued under the Comp ified by the director.				-			-	-	-		-							

**Remarks:** 

Christopher G. Cobb, Attorney in Fact for James S. Ely

03/02/2018

\*\* Signature of Reporting Person

Date

\* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

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

\*\* 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.