Common Stock

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL						
OMB Number:	2225 02					

5. Relationship of Reporting Person(s) to Issuer

287 Estimated average burden hours per response: 0.5

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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)

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

2 Issuer Name and Ticker or Trading Symbol

Name and Address of Reporting Person* Simon Lynn T				MMUNITY H					Director 10% Own Officer (give title Other (sp		Owner (specify	
(Last) 4000 MERIDIA	(First) AN BOULEVA			ction (M	lonth/[Day/Year)		President and CQO				
(Street) FRANKLIN (City)	TN (State)	4. If <i>F</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
		COMMUNITY HEALTH SYSTEMS INC [Check all applicable) Director 10% Owner 10% O										
Dat			Date	Execution Date, if any	Transaction Code (Instr.					Securities Beneficially Owned Following	Form: Direct (D) or Indirect	Indirect Beneficial Ownership
					Code	v	Amount		Price	Transaction(s)		(111511. 4)
Common Stock		02/27/2015		F		2,517	D	\$48.52	66,498	D		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

M

A

F

6,666

35,000

7,691

A

Α

D

\$0.00

\$0.00

\$48.52

73,164

108,164

100,473

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)	4. Transa Code (8)		n of		6. Date Exerc Expiration Day (Month/Day/)	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Performance Based Restricted	\$0.00	03/01/2015		M ⁽¹⁾			6,666	(1)	(1)	Common Stock	6,667	\$0.00	13,334	D	
Stock Options (Right to Buy)	\$31.75							12/08/2011	12/07/2020	Common Stock	5,000		5,000	D	
Stock Options (Right to Buy)	\$37.96							02/23/2012	02/22/2021	Common Stock	5,000		5,000	D	
Stock Options (Right to Buy)	\$21.07							02/16/2013	02/15/2022	Common Stock	4,000		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 Company has achieved the cost savings ("synergies") from the Health Management Associates, Inc. ("HMA") merger transaction that were required to be achieved during the first year following the merger transaction, and, accordingly, 1/3 of the performance based restricted shares awarded in conjunction with the completion of the HMA merger transaction will now be reported on Table 1 as directly owned shares. The restrictions on such shares have lapsed. The remaining 2/3 of the performance based restricted shares awarded in conjunction with the completion of the HMA merger transaction will remain subject to the two-year performance target, which may be met in whole or in part in the second year following the grant. 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:

Christopher G. Cobb, Attorney in Fact for Lynn T. Simon

03/02/2015

** Signature of Reporting Person

Date

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

03/01/2015

03/01/2015

03/01/2015

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.

^{*} 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).