FORM 4

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

Washington, D.C. 20549

## 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

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1. Name and Address of Reporting Person* <u>CLERICO JOHN A</u>					<u>CC</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					
(Last) 4000 MF	st) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 01/03/2007										Office below	er (give title w)		Other (sbelow)	specify	
(Street) FRANKLIN TN 37067				4. If	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						
(City) (State) (Zip)												reisuii								
		Tab	le I - Nor	-Deriv	ative	Se	curiti	es A	cquired,	Disp	osed (	of, or E	Bene	eficia	lly Owne	d				
Date					Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr					Benefic Owned	ies ially Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A (D	or	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	3/2007	/2007			A		3,00	00 A \$		\$0.0	0 17	17,000		D						
		Т	able II - I						quired, D s, optior						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	ion 3A. Deeme	d Date,	4. Transa Code (l 8)	ction	5. Number				ble and	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		opiration	Title	or No of	umber						
Stock Options (Right to Buy)	\$18.03								02/25/200	4 02	2/25/2013	Commo	n	0		10,000	)	D		
Stock Options (Right to Buy)	\$26.95								01/02/200	5 01	/02/2014	Commo	n	0		5,000		D		
Stock Options (Right to	\$27.71								01/03/200	6 01	/03/2015	Commo	n	0		5,000		D		

**Explanation of Responses:** 

Remarks:

Buy)

Rachel A. Seifert, Attorney in Fact for John A. Clerico

01/03/2007

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).