FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL |
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| OMB Number: | 3235-0287 | | | | |
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| 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

| Name and Address of Reporting Person* NORTH JULIA B | | | | | <u>CC</u> | 2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|---|---|--|--|-----------------|--|--|--|---------------|--|----------|--|--|---|---|---|----------|--|---------------------------------------|
| (Last) (First) (Middle) 155 FRANKLIN ROAD | | | | 3. 0 | | | Trans | saction (Mont | :h/D | ay/Year) | \dashv | Officer below) | (give title | | Other (s below) | pecify | | |
| SUITE 400 | | | | | 4. 11 | f Ame | endment. I | Date (| of Original File | ed (| Month/Day | 6. Ir | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) BRENTWOOD TN 3702 | | | 37027 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | | | | | 1 | | |
| (City) | (S | state) | (Zip) | | | | | | | | | | | reison | l | | | |
| | | Tal | ole I - Non | -Deriv | /ativ | e Se | curitie | s Ac | quired, D | isp | osed of | f, or Ber | neficial | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | | Code (Instr. 5) | | | | 5. Amou Securitie Beneficia Owned F Reported | s For ally (D) following (I) (| | Ownership rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code V | | Amount | (A) or (D) | Price | Transact (Instr. 3 a | ion(s) | | | (Instr. 4) |
| | | | | | | | | | uired, Dis s, options | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day) | ate, T | I. Transac Code (II | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | c | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Options (Right to buy) | \$27.86 | 12/14/2004 | | | A | | 10,000 | | 12/14/2004 ⁽¹⁾ | 1 | 2/14/2014 | Common Stock | 10,000 | \$0 | 10,000 | 0 | D | |

Explanation of Responses:

 $1.\ Option\ becomes\ exercisable\ 50\%\ on\ first\ anniversary\ and\ remaining\ 50\%\ on\ second\ anniversary\ of\ date\ of\ grant.$

Rachel A. Seifert, Attorney in

Fact

** Signature of Reporting Person

Date

12/16/2004

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 contained in this form are not required to respond unless the form displays a currently valid OMB Number.