FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT | OF CHANGE | S IN BENEFICIAL | OWNERSHIP |
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| 1 | OMB APPROVAL | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | |
| | Estimated average burden | | | | | | | | | | |
| 1 | hours por 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

| 1. Name and Address of Reporting Person* JENNINGS WILLIAM NORRIS (Last) (First) (Middle) 4000 MERIDIAN BOULEVARD (Street) FRANKLIN TN 37067 | | | | | 3. E 02/ | Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC [CYH] 3. Date of Earliest Transaction (Month/Day/Year) 02/16/2012 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Neck all application of the control | tor er (give title /) Joint/Group Filin filed by One Rep | | 10% Ov Other (s below) | ner pecify olicable |
|---|---|--|--|----------|---|--|-------|---|---|------------------|--------------------|--|--|---|---|---------------------|---|---------------------------------------|
| (City) | (S | tate) | (Zip) | | | | | | | | | | Persor | | | | 9 | |
| 1. Title of Security (Instr. 3) 2. Tran | | | | 2. Trans | saction | | | 3. Transaction Code (Instr. 8) | | . 5) (A) or | | | 5. Amou Securitie Beneficia | nt of es ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common | Stock | | | | | | Code | V | Amount | (D) | Price | (Instr. 3 | | | D | | | |
| | | - | Table II - [| | | | | | quired, [s, option | | | | | / 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, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | 7. Title an Amount of Securities Underlyin Derivative (Instr. 3 a | f s g Security | 8. Price of Derivative Security (Instr. 5) | tive derivative ty Securities | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Restricted Stock Units | \$0.00 | 02/16/2012 | | | A | | 6,645 | | 02/16/2013 | 3 ⁽¹⁾ |)2/15/2022 | Common Stock | 6,645 | \$0.00 | 6,645 | | D | |
| Phantom Stock | \$0.00 | | | | | | | | 02/25/20 | 10 0 |)2/24/2020 | Common Stock | 2,383 | | 2,384 | | D | |
| Restricted Stock Units | \$0.00 | | | | | | | | 02/24/20 | 11 (| 02/23/2020 | Common Stock | 2,754 | | 2,754 | | D | |
| Restricted Stock Units | \$0.00 | | | | | | | | 02/23/20: | 12 (| 02/22/2021 | Common Stock | 3,688 | | 3,688 | | D | |

Explanation of Responses:

1. The Restricted Stock Units vest in 1/3 increments on the first, second and third anniversary date of the date of grant. Upon vesting, the Reporting Person will be issued that number of shares of the Common Stock of the Company.

Remarks:

Christopher G. Cobb, Attorney in Fact for William Norris 02/17/2012

Date

<u>Jennings</u>

** Signature of Reporting Person

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.