FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPR	OMB APPROVAL										
	OMB Number:	3235-0287										
l	Estimated average bure	den										
I	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

1. Name and Address of Reporting Person* WATSON H MITCHELL JR					2. Issuer Name <b>and</b> Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
WAISON H MITCHELL JR						CYH ]							X Director				10% Ov	mer	
(Last)	(F	First)		3. Date of Earliest Transaction (Month/Day/Year) 09/29/2006							_	Officer (give title below)			Other (sp below)		pecify		
7100 CC	MMERCE	WAY																	
SUITE 100						03/23/2000													
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)												1	Line)						
BRENTWOOD TN 37027													X Form filed by One Reporting Person						
														Form filed by More than One Reporting Person				ing	
(City)	(S	State)	(Zip)																
		Та	ble I - Non-	Derivat	ive S	ecurities	s Ac	quired, [	Disp	osed c	of, or Be	neficia	ally	Owned					
1. Title of	2. Transact				3.		4. Securities Acquired (A)			or 5. Amoun				nership	7. Nature of Indirect				
			Date (Month/Day/Year)		Execution Date, if any		Code (Instr.		Disposed Of (D) (Instr. 3, 4 5)			Beneficia		ılly (C	(D) or	orm: Direct D) or Indirect	Beneficial		
						(Month/Day/Year		ar) 8)						Owned Following Reported		(I) (Instr. 4)		Ownership (Instr. 4)	
						Code	v	Amount	(A) o (D)	r Pric	e	Transacti (Instr. 3 a	ction(s) 3 and 4)						
Common	Stock											6,0	000		D				
			Table II - D	orivotiv	o Soc	uritios	۸۰۵	uirod Di	cno	cod of	or Pon	oficial	lv O	wood		J			
								s, options						wiieu					
1. Title of	2.	3. Transaction	3A. Deemed	4.		Derivative		6. Date Exercisable and			7. Title an	d Amour	ount 8. Price of Derivative Security		9. Numbe	e (	10. Ownership Form:	Beneficial Ownership (Instr. 4)	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Yea		action (Instr.			Expiration Date (Month/Day/Yea		1	of Securities Underlying				derivative Securities				
(Instr. 3)	Price of Derivative	(Montali Buyi real)			(1115111							Derivative Security		(Instr. 5)	Beneficia Owned		Direct (D) or Indirect		
	Security											iu 4)		Followi		ing	(I) (Instr. 4)		
					$\overline{}$	5,	,		$\overline{}$		_	Amour	nt		Transacti (Instr. 4)				
								Date	_,	piration		or Numbe			(111301.4)				
				Code	v	(A)	(D)	Exercisable			Title	of Shai							
Stock																			
Options (Right to	\$25.13							05/25/2005	05	5/25/2014	Common Stock	10,00	00		10,00	0	D		
Buy)																			
Stock																			
Options (Right to	\$27.71							01/03/2006	01	1/03/2015	Common Stock	5,00	0		5,000	0	D		
Buy)					<u> </u>														
Stock	\$0.00 <sup>(1)</sup>	09/29/2006		A		334.672		(2)		(2)	Common	334.6	72	\$37.35	2,774.	23	D		

## **Explanation of Responses:**

- 1. The security converts to common stock on a one-to-one basis.
- 2. The SU were accrued under the Company's Directors Fees Deferral Plan and are settled 100% in the Company's common stock upon cessation as a director or upon a date specified by the director.

## Remarks:

Rachel A. Seifert, Attorney in Fact for Mitchell H. Watson

10/02/2006

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$