

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>SEIFERT RACHEL A</u> _____ (Last) (First) (Middle) <u>4000 MERIDIAN BOULEVARD</u> _____ (Street) <u>FRANKLIN TN 37067</u> _____ (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol <u>COMMUNITY HEALTH SYSTEMS INC [CYH]</u>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Executive VP and Secretary</u>		
			3. Date of Earliest Transaction (Month/Day/Year) <u>02/23/2011</u>					
			4. If Amendment, Date of Original Filed (Month/Day/Year)					
			6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	02/23/2011		A		35,000	A	\$0.00	152,511	D	
Common Stock	02/24/2011		F		4,253	D	\$37.85	148,258	D	

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

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. Transaction Code (Instr. 8)		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 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
Stock Options (Right to Buy)	\$37.96	02/23/2011		A		7,500		02/23/2012	02/22/2021	Common Stock	7,500	\$0.00	7,500	D	
Stock Options (Right to Buy)	\$33.9							02/24/2011	02/23/2020	Common Stock	7,500		7,500	D	
Stock Options (Right to Buy)	\$18.18							02/25/2010	02/24/2019	Common Stock	7,500		7,500	D	
Stock Options (Right to Buy)	\$32.28							02/27/2009	02/26/2018	Common Stock	10,000		10,000	D	
Stock Options (Right to Buy)	\$40.41							07/25/2008	07/24/2017	Common Stock	20,000		20,000	D	
Stock Options (Right to Buy)	\$37.21							02/28/2008	02/28/2015	Common Stock	7,500		7,500	D	
Stock Options (Right to Buy)	\$38.3							03/01/2007	03/01/2014	Common Stock	15,000		15,000	D	
Stock Options (Right to Buy)	\$32.37							02/28/2006	02/28/2013	Common Stock	20,000		20,000	D	
Stock Options (Right to Buy)	\$20.3							05/22/2004	05/22/2013	Common Stock	30,000		30,000	D	

Explanation of Responses:

Remarks:

Rachel A. Seifert

02/25/2011

** Signature of Reporting Person

Date

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.