

OMB APPROVAL	
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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

1. Name and Address of Reporting Person* <u>Miller Thomas Daniel</u> (Last) (First) (Middle) 4000 MERIDIAN BOULEVARD (Street) FRANKLIN TN 37067 (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>Division President - Group Ops</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>07/25/2007</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	

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			

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
Performance Based Restricted Shares	\$0.00	07/25/2007		A		10,000		07/25/2008 ⁽¹⁾	07/25/2008	Common Stock	10,000	\$0.00	10,000	D	
Performance Based Restricted Shares	\$0.00	07/25/2007		A		10,000		07/25/2009 ⁽²⁾	07/25/2009	Common Stock	10,000	\$0.00	10,000	D	
Stock Option (Right to Buy)	\$40.41	07/25/2007		A		50,000		07/25/2008 ⁽³⁾	07/25/2015	Common Stock	50,000	\$0.00	50,000	D	

Explanation of Responses:

- Each performance based restricted share represents a contingent right to receive one share of CYH common stock. There are certain performance criteria that must be satisfied in order to trigger the lapse of restrictions. If the objectives are attained, the restrictions will lapse on 7/25/2008. If the objectives are not met, the shares will be forfeited.
- Each performance based restricted share represents a contingent right to receive on share of CYH common stock. There are certain performance criteria that must be satisfied in order to trigger the lapse of restrictions. If the objectives are attained, the restrictions will lapse on 7/25/2009. If the objectives are not met, the shares will be forfeited.
- Vesting occurs in 1/3 increments on the first, second and third anniversary of the date of grant.

Remarks:

Rachel A. Seifert, Attorney in Fact for Thomas D. Miller 07/27/2007

** 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.