

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden

hours per response: 0.5

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>GLENVIEW CAPITAL MANAGEMENT, LLC</u> <hr/> (Last) (First) (Middle) 767 FIFTH AVENUE 44TH FLOOR <hr/> (Street) NEW YORK NY 10153 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 01/27/2014	3. Issuer Name and Ticker or Trading Symbol <u>COMMUNITY HEALTH SYSTEMS INC [CYH]</u> <hr/> 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) <hr/> 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person
--	--	---	---

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, \$0.01 par value	12,093,795 ⁽³⁾	I ⁽¹⁾⁽²⁾	See footnotes ⁽¹⁾⁽²⁾

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>GLENVIEW CAPITAL MANAGEMENT, LLC</u> <hr/> (Last) (First) (Middle) 767 FIFTH AVENUE 44TH FLOOR <hr/> (Street) NEW YORK NY 10153 <hr/> (City) (State) (Zip)	
1. Name and Address of Reporting Person* <u>ROBBINS LAWRENCE M</u> <hr/> (Last) (First) (Middle) 767 FIFTH AVENUE 44TH FLOOR <hr/> (Street) NEW YORK NY 10153 <hr/> (City) (State) (Zip)	

Explanation of Responses:

1. These shares of the Issuer's Common Stock, \$0.01 par value per share (the "Shares") are held for the accounts of Glenview Capital Partners, L.P., Glenview Capital Master Fund, Ltd., Glenview Institutional Partners, L.P., Glenview Offshore Opportunity Master Fund, Ltd. and Glenview Capital Opportunity Fund, L.P. Glenview Capital Management, LLC serves as investment manager to each of Glenview Capital Partners, L.P., Glenview Capital Master Fund, Ltd., Glenview Institutional Partners, L.P., Glenview Offshore Opportunity Master Fund, Ltd. and Glenview Capital Opportunity Fund, L.P. Mr. Robbins is the Chief Executive Officer of Glenview Capital Management, LLC.

2. Each Reporting Person disclaims beneficial ownership of the Shares except to the extent of his or its pecuniary interest therein, and this report shall not be deemed an admission that such Reporting Person is the beneficial owner of the Shares for purposes of Section 16 of the Securities Exchange Act of 1934, or for any other purpose.

3. The Reporting Persons are filing this Form 3 as a result of the 2,621,125 Shares received, among other consideration, in exchange for 37,757,583 shares of Health Management Associates, Inc. ("HMA") common stock, at an exchange rate of 0.06942 Shares per each share of HMA common stock, and adjusted for the cash received in lieu of fractional Shares, in connection with the acquisition of HMA by the Issuer, which the Issuer announced it had completed on January 27, 2014.

Remarks:

/s/ Mark J. Horowitz, President
of Glenview Capital
Management, LLC and
attorney-in-fact for Lawrence
M. Robbins

01/29/2014

** 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 5 (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.