FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OMB APPROVAL									
	OMB Number:	3235-0287								
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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

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1. Name and Address of Reporting Person* SEIFERT RACHEL A							2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC CYH]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify					
(Last) (First) (Middle) 4000 MERIDIAN BOULEVARD						Date of /21/20		est Trans	saction	(Month	n/Day/Year)	Executive VP and Secretary									
(Street) FRANKLIN TN 37067				- 4. If -										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)																					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N					tion	on 2A. Deemed Execution Date,			3. 4. Securities Acc				-			5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common S	Stock			08/21/2	2014)14			M		7,500	A	\$3	7.21	182,700		D				
Common Stock 08/21/20					2014	14			M	Ш	20,000	A	\$4	0.41	202,700			D			
Common Stock 08/21/201									S		40,000	D	\$51.4	4362 ⁽¹⁾	162	2,700		D			
		٦	Table I								posed of, convertib				wned						
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			4. 5. f Transaction of Code (Instr. B) See Acc (A) Dis		umber ivative urities juired or posed D) (Instr. and 5)	Expira	te Exer ation D th/Day/	ercisable and Date 7. Title and Ar		mount 8. Price Derivating Security (Instr. 5)		9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	V (A) (D)		(D)			Expiration Date	Title	or Nu of	mber ares							
Stock Options (Right to Buy)	\$37.21	08/21/2014			M			7,500	02/28/2008		02/27/2015	Commo Stock		500	\$0.00	0		D			
Stock Options (Right to Buy)	\$40.41	08/21/2014						20,000	00 07/25/2008		07/24/2015	Commo		,000	\$0.00	0		D			
Stock Options (Right to Buy)	\$32.28								02/27/2009		02/26/2018	Commo		,000		10,000		D			
Stock Options (Right to Buy)	\$18.18								02/25/2010		02/24/2019	Commo Stock		500		7,500		D			
Stock Options (Right to Buy)	\$33.9								02/2	4/2011	02/23/2020	Commo Stock		500		7,500)	D			
Stock Options (Right to Buy)	\$37.96								02/23/2012		02/22/2021	Commo		500		7,500		D			
Stock Options (Right to Buy)	\$21.07						02/1	6/2013	02/15/2022	Commo Stock		500		7,500)	D					
Performance Based	\$0.00								03/01	/2015 ⁽²	02/29/2024	Commo		,000,		50,00	0	D			

Explanation of Responses:

 $^{1. \} The \ shares \ were \ sold \ in \ a \ series \ of \ transactions \ at \ a \ weighted \ average \ price \ of \ \$51.4362 \ per \ share.$

^{2.} Each performance based restricted share represents a contingent right to receive one share of CYH common stock. The lapsing of the restrictions is dependent on the Company meeting certain cost savings ("synergies") from the Health Management Associates, Inc. merger transaction. The performance target may be met in part in the first year or in whole or in part over the first two years. There is also a time vesting element to the maximum targets of the award. If the objectives are not met, the shares will be forfeited.

Christopher G. Cobb, Attorney 08/21/2014 in Fact for Rachel A. Seifert

** 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.