## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB Number: 3235-0287 Estimated average burden 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	Secti	on 30(h	) of the	e Investmen	t Cor	npany Act	of 1940									
1. Name and Address of Reporting Person*  BUFORD T MARK						2. Issuer Name <b>and</b> 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 below) below)  SVP/Chief Accounting Officer						
(Last) (First) (Middle) 4000 MERIDIAN BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 02/23/2012															
(Street) FRANKLIN TN 37067						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting						
(City) (State) (Zip)																Person					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					action	ar) i	2A. Deemed Execution Date, if any (Month/Day/Yea		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			) or	5. Amou Securiti Benefic Owned	int of es ially Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)		rice	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock 02/23/3					3/2012	2					3,03	8 D \$2		\$24.69	85,062		D				
		T							quired, D s, option						Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securi (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)	Date Expiration Of Shares													
Stock Options (Right to Buy)	\$32.37								02/28/2006	5 02	2/28/2013	Commo Stock	n 20,	000		20,000		D			
Stock Options (Right to Buy)	\$38.3								03/01/2007	7 03	3/01/2014	Commo Stock	<sup>n</sup> 15,	000		15,000	)	D			
Stock Options (Right to Buy)	\$37.21								02/28/2008	3 02	2/28/2015	Commo Stock	n 7,5	500		7,500		D			
Stock Options (Right to Buy)	\$40.41								07/25/2008	3 01	7/24/2017	Commo Stock	<sup>n</sup> 15,	000		15,000	)	D			
Stock Options (Right to Buy)	\$32.28								02/27/2009	9 02	2/26/2018	Commo Stock	n 7,5	500		7,500		D			
Stock Options (Right to Buy)	\$18.18								02/25/2010	0 02	2/24/2019	Commo Stock	<sup>n</sup> 5,0	000		5,000		D			
Stock Options (Right to Buy)	\$33.9								02/24/2011	02	2/23/2020	Commo Stock	<sup>n</sup> 5,0	000		5,000		D			
Stock Options (Right to Buy)	\$37.96								02/23/2012	2 02	2/22/2021	Commo Stock	n 5,0	000		5,000		D			
Stock Options (Right to	\$20.17								02/16/2013	3 02	2/15/2022	Commo Stock	n 5,0	000		5,000		D			

Explanation of Responses:

Remarks:

## in Fact for T. Mark Buford

\*\* 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.