FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | 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 Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* HORBACH SANDRA | | | | | | | 2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC CYH] | | | | | | | | | all app | o of Reportin olicable) ctor er (give title | ig Per | ₹ 10% C | |
|--|---|----|---|--------------------------|-------|---|---|-------|--|-------|-----------------------|---|-------------------------------|--------|--|------------|--|--|--|--|
| (Last) (First) (Middle) C/O FORSTMANN LITTLE & CO. 767 FIFTH AVE, 44TH FLOOR | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/19/2004 | | | | | | | | | | belov | | | below) | |
| (Street) NEW YORK NY 10153 (City) (State) (Zip) | | | | | 4. If | 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 Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execution Date | | Date, | Transaction Dispos | | | rities Acquired (A) o ed Of (D) (Instr. 3, 4 | | | and 5) Sec Ber Owi | | ned Following | | wnership m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | Amount | | (A) or (D) | Price | , l: | Reported Transaction(s) (Instr. 3 and 4) | | | | (msu. 4) | | | | |
| Common Stock, \$.01 Par Value 04/19/2 | | | | | | 2004 | | | S | | 23,000,000 | | D | \$24.5 | | 23,134,738 | | | I | See ⁽¹⁾ |
| | | Ta | | | | | | | | | osed of, convertib | | | | y Ow | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deer Execution if any (Month/E | n Date, Transa Code (| | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisa Expiration Date (Month/Day/Year | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. | Ownership Form: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amo or Nun of Sha | nber | | | | | | |

Explanation of Responses:

1. The reporting person is a general partner of FLC XXIX Partnership, L.P., which is the general partner of Forstmann Little & Co. Subordinated Debt and Equity Management Buyout Partnership-VI, L.P. ("MBO-VI"). MBO-VI owns 9,639,444 shares after this transaction. Reporting person is also a general partner of FLC XXX Partnership, L.P., which is the general partner of Forstmann Little & Co. Equity Partnership-V, L.P. ("Equity-V"). Equity-V"). Equity-V owns 13,495,294 shares after this transaction.

04/19/2004 /s/ Sandra Horbach

** 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.