FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 0.5 hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed purguant to Section 16(a) of the Securities Evolution Act of 1024

1113000	uon 1(b).			FII					e Investmer				1304							
1. Name and Address of Reporting Person* BUFORD T MARK						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 Officer (give title Other (specify					
(Last) (First) (Middle) 4000 MERIDIAN BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 02/23/2011 X Officer (give the below) below) SVP/Chief Accounting Officer														
(Street) FRANKLIN TN 37067				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)																				
			le I - No						cquired,	Dis	-				1		l			
1. Title of Security (Instr. 3) 2. Trans Date (Month/				saction /Day/Yea	ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (I			ties Acquired (A) of (D) (Instr. 3, 4		Price Securities Securities Beneficion Owned Transac (Instr. 3		es ally Following d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Charle				00/0)2/23/2011			Code	V	Amount	(D)				and 4)					
					02/23/2011				A F		25,00 3,288			0.00 37.85	77,334		D D			
		7	Table II -	<u> </u>			urities	Acc	uired, D	isp										
	-			(e.g.,	puts,		s, warr	ants	s, optior	ıs, c	converti	ble sec	uritie	s)					1	
I. 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. Transactio Code (Inst 8)			Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		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)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amor or Numl of Share	ber						
Stock Options (Right to Buy)	\$37.96	02/23/2011			A		5,000		02/23/201	2 (02/22/2021	Common Stock	5,00	00	\$0.00	5,000		D		
Stock Options (Right to Buy)	\$33.9								02/24/201	1 (02/23/2020	Common Stock	5,00	00		5,000		D		
Stock Options (Right to Buy)	\$18.18								02/25/201	0 (02/24/2019	Common Stock	5,00	00		5,000		D		
Stock Options (Right to Buy)	\$32.28								02/27/200	9 (02/26/2018	Common Stock	7,50	00		7,500		D		
Stock Options (Right to Buy)	\$37.21								02/28/200	8 (02/28/2015	Common Stock	7,50	00		7,500		D		
Stock Options (Right to Buy)	\$40.41								07/25/200	8 (07/24/2017	Common Stock	15,0	000		15,000)	D		
Stock Options (Right to Buy)	\$38.3								03/01/200	7 (03/01/2014	Common Stock	15,0	000		15,000)	D		
Stock Options (Right to	\$32.37								02/28/200	6	02/28/2013	Common Stock	20,0	000		20,000)	D		

Explanation of Responses:

Remarks:

** 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.