# FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*      Ely James S. III							2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC [ CYH ]									Relationship of Reporting (Check all applicable)     X Director     Officer (give title)		10% Owner		vner	
(Last) (First) (Middle) 4000 MERIDIAN BLVD						3. Date of Earliest Transaction (Month/Day/Year) 05/17/2019										below)	give title		below)	респу	
(Street) FRANKLIN TN 37067					4.	Lin											Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	State)	(Zip)																		
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Trans Date (Month/I							2A. Deemed Execution Date, if any (Month/Day/Year)		l Pate,	3. 4. S Transaction Code (Instr.		4. Sec	ed of, or Beneficial securities Acquired (A) or posed Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										Code	v	Amou	nt	(A) or (D)	Price	Reported Transaction (Instr. 3 and	on(s)			(Instr. 4)	
Common Stock					05/17/2019				P		50,	000	A \$		136,320			D			
Common Stock				05/20/2019					P		50,	000	A	\$3.15(1	186,	186,320		D			
Common Stock																4,990			I	By E5 Investors LLC	
			Table II -							,			of, or rtible		-	Owned		,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate,		ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisabl Expiration Date (Month/Day/Year)			and 7. Title and Amount Securities Underlyi Derivative Security (Instr. 3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	9. Numbe derivativ Securitie Beneficia Owned Following Reported Transact (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exer	cisable	Expi Date	iration	Title		ount or ober of res						
Restricted Stock Units	\$0.00								03/0	1/2018	02/2	8/2027	Commo Stock		5,166		6,16	66	D		
Restricted Stock Units	\$0.00								03/0	1/2019	02/2	8/2028	Commo Stock		4,745		24,74	45	D		
Restricted Stock Units	\$0.00								03/0	1/2020	02/2	8/2029	Commo Stock		4,068		34,06	68	D		
Stock	\$0.00									(2)		(2)	Commo	n 15.	967.943		15,967.	.943	D		

#### **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions on 5/20/2019 at prices ranging from \$3.145 to \$3.150, inclusive. The reporting person undertakes to provide the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within
- 2. The Stock Units were accrued under the Company's Directors' Fees Deferral Plan in lieu of a portion of the Reporting Person's Director Fees and will be settled 100% in the Company's common stock upon cessation as a director or upon a date specified by the director.

# Remarks:

Units (SU)

Christopher G. Cobb, Attorney in Fact for James S. Ely

05/20/2019

\*\* Signature of Reporting Person

Stock

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.