FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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0.5

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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

1. Name and Address of Reporting Person*  SMITH WAYNE T						2. Issuer Name <b>and</b> Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC CYH ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last) 155 FRA SUITE 4	NKLIN RO	,	(Middle)		05/	3. Date of Earliest Transact 05/04/2005  4. If Amendment, Date of 0									X	below) Execu	Officer (give title below)  Executive Officer and Director				
(Street)	WOOD T	N	37027		-   4. l						ment, Date of Original Filed (Month/Day/Year)							o Filing (Check Applicate e Reporting Person re than One Reporting		n	
(City)	(S	tate)	(Zip)													Person					
		Tab	le I - Noi	n-Deri	vativ	e Se	ecurit	ies A	cqu	ıired,	Dis	posed	of, or B	enefi	cially	/ Owned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Y			2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr. 8)				Acquired (A) or D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		Form	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amoun	t (A) (D)	or Price		Transaction(s) (Instr. 3 and 4)				,		
Common	Stock			05/0	4/200	5	05/0	4/200	5	S		89,3	00 I	\$	36.45	756	,921		D		
Common	Stock			05/0	4/200	5	05/04/2005			S		4,00	00 [	\$	36.46	752	752,921		D		
Common	Stock			05/0	4/200	5	05/0	4/200	5	S		5,20	00 I	\$	36.47	747	7,721		D		
Common	Common Stock 09			05/0	4/200	5	05/04/2005			S		7,00	1 00	\$	36.48	740	,721	721			
Common Stock			05/0	4/200	5	05/04/2005		5	S		49,9	00 I	\$	36.49	690	,821	21 Γ				
Common	Stock			05/0	4/200	5	05/0	4/200	5	S		20,2	00 I	9	36.5	670,621		D			
Common	mmon Stock		05/0	05/04/2005		05/04/2005		5	S		200	0 [	_	36.51	_						
Common	Stock			05/04/2		2005 05/0		04/2005		S		5,20	00 [	\$	36.52	665	5,221		D		
Common Stock			05/04/2005		05/04/2005			S		3,20	)O [		36.53	· ·		D					
Common Stock			05/0	4/200	1/2005		05/04/2005		S		500	1 0	D \$36.54		661	,521	D				
Common Stock															2,000			I	spouse		
		-	Table II -										f, or Be			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code (l 8)					ate Exe iration I nth/Day	Date		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	re es ally g d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exe	e rcisable		piration te	Title	Amou or Numb of Sha	er						
Stock Options (Right to ouy)	\$13							06		06/08/2001		/08/2010	Common Stock	500,000			500,00	0	D		
Stock Options (Right to ouy)	\$20.3								05/	22/2004	05	/22/2013	Common Stock	750,	000		750,00	0	D		
Stock Options (Right to buy)	\$32.37								02/	28/2006	02	/28/2015	Common Stock	100,	000		100,00	0	D		
vnlanatio	n of Resnon	2001																			

Kimberly A. Wright, Attorney

in Fact

05/05/2005

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> 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.

versons 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.	