FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Was

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

shington,	D.C.	20549		

OMB APP	ROVAL
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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

					01	360	11011 30(11)	UI III	e investinei	IL CO	iipaiiy Act	UI 1940								
1. Name and Address of Reporting Person* SEIFERT RACHEL A					<u>C</u> (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							of Earlies 2010	t Trar	nsaction (M	onth/l	Day/Year)	X Officer (give title Offier (specify below) Senior VP and Secretary								
(Street)	LIN TI	N	37067		4. 1	If Am	endment,	Date	of Original	Filed	(Month/Da	ay/Year)		6. Inc Line)	Form fi	led by One	Repo	(Check Aporting Person One Repo	n	
(City)	(S	-	(Zip)																	
1. Title of	Security (Ins		ole I - No	2. Trans Date (Month/I	action	'	2A. Deem Execution if any (Month/D	ned n Date	3. Transa Code (ction	4. Securit Disposed 5)	ties Acq	uired (A) or	5. Amou Securitie Beneficia Owned F	nt of es ally Following	Form (D) o	vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount (A) or (D)		or F	Price	Reported Transact (Instr. 3 a	ction(s)			(Instr. 4)			
Common					02/24/2010				A			35,000 A		\$0.00	_	7,111		D		
Common Stock			<u> </u>	5/2010			F	<u> </u>]	4,253 D \$		\$33.48			358 D					
		9							s, optior						Owned					
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, Transact Code (In			on of Ex		Expiration	Date Exercisable and xpiration Date Month/Day/Year)		7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beenficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	or Nu of	nount mber ares						
Stock Options (Right to Buy)	\$33.9	02/24/2010			A		7,500		02/24/2011	(1)	02/24/2020	Comm Stocl		500	\$0.00	7,500	1	D		
Stock Options (Right to Buy)	\$20.3								05/22/200	4 (05/22/2013	Comm Stock		,000		80,000	0	D		
Stock Options (Right to Buy)	\$32.37								02/28/200	6 (02/28/2013	Comm Stock		,000		20,000	0	D		
Stock Options (Right to Buy)	\$38.3								03/01/200	7 (03/01/2014	Comm Stocl		,000		15,000	0	D		
Stock Options (Right to Buy)	\$37.21								02/28/200	8 (02/28/2015	Comm Stocl		500		7,500		D		
Stock Options (Right to Buy)	\$32.28								02/27/200	9 (02/26/2018	Comm Stock		,000		10,000	0	D		
Stock Options (Right to Buy)	\$40.41								07/25/200	8 (07/25/2015	Comm Stock		,000		20,000	0	D		
Stock Options (Right to Buy)	\$18.18								02/25/201	.0	02/25/2019	Comm		500		7,500		D		

Explanation of Responses:

Remarks:

 $^{1. \} Vesting \ occurs \ in \ 1/3 \ increments \ on \ the \ first, second \ and \ third \ anniversary \ of \ the \ date \ of \ grant.$

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.