SEC For	rm 4																		
FORM 4			UNITED STATES SECURITIES AND EXCHANGE COMI Washington, D.C. 20549									OMMI	MISSION OMB APPROVAL			VAL			
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 OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										HIP	Estim	OMB Number: 3235-0 Estimated average burden hours per response:		3235-0287 n 0.5		
1. Name and Address of Reporting Person* JENNINGS WILLIAM NORR					<u>CO</u>	2. Issuer Name and Ticker or Trading Symbol <u>COMMUNITY HEALTH SYSTEMS INC</u> [CYH]							· · · · · · · · · · · · · · · · · · ·			, 10% Ov	wner		
(Last) (First) (Mide 4000 MERIDIAN BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 08/03/2020							below)		re title Other (sp below)		specity		
(Street) FRANKLIN TN			37067		= 4. If <i>A</i>	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						
(City)	(S		(Zip)			tive Securities Acquired, Disposed of, or Benefi								Person					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)				ction	on 2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			or 5. Amount o		6. Owners Form: Dir (D) or Ind (I) (Instr. 4	ect irect I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount		A) or D)	Price	Transad	Transaction(s) (Instr. 3 and 4)					
Common Stock 08/03/2				2020		S		30,000	0 D \$5.		\$5.1 <mark>6</mark> 9	(1) 73	,384	D					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3) 2. 3. Transaction Date Price of Derivative Security 3. Learning Date (Month/Day/Year) 3. Deem Execution (Month/Day/Year)			on Date, Transaction Code (Instr			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		s Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e Own s For Illy Dire or In g (I) (I	nership n: ct (D) ndirect nstr. 4)	Beneficial Ownershi (Instr. 4)			

Explanation of Responses:

1. These shares were sold in a series of transactions at a weighted average sales price of \$5.169 per share.

2. The Restricted Stock Units vest in 1/3 increments on the first, second and third anniversary date of the date of grant. Upon vesting, the Reporting Person will be issued that number of shares of the Common Stock of the Company.

Date Exercisable

(2)

(2)

(3)

Expiration Date

(2)

(2)

(3)

3. The Restricted Stock Units vest in 1/3 increments on the first, second and third anniversary date of the date of grant. Based on the Reporting Person's prior deferral election pursuant to the terms of the award agreement, the Reporting Person will be issued that number of shares of the Common Stock of the Company upon the Reporting Person's cessation as a director or upon a date specified by the Reporting Person.

Remarks:

Restricted

Restricted

Restricted

Stock Units

Stock Units

Stock Units

\$0.00

\$0.00

\$0.00

Christopher G. Cobb, Attorney 08/03/2020 in Fact for William Norris Jennings Date

** Signature of Reporting Person

Amount or Number

12,372

22,712

34,483

12,372

22,712

34,483

D

D

D

of Shares

Title

Common

Stock

Common

Stock

Common

Stock

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).

Code v (A) (D)

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.