| SEC F | Form 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| | OMB Number: | 3235-0287 | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| l | Estimated average burden | | | | | | | | |
| | hours per response: | 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). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* NORTH JULIA B (Last) (First) (Middle) 4000 MERIDIAN BOULEVARD | | | 2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC [CYH] 3. Date of Earliest Transaction (Month/Day/Year) 12/29/2006 | | tionship of Reporting Persor all applicable) Director Officer (give title below) | n(s) to Issuer 10% Owner Other (specify below) |
|--|--|--|--|------------------------|--|---|
| 4000 MERIDIAN BOULEVARD (Street) FRANKLIN TN 37067 (City) (State) (Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Filing (C Form filed by One Reporti Form filed by More than C Person | ing Person |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------|---|--|---------------|--------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (11311 4) |
| Common Stock | 01/03/2007 | | A | | 3,000 | Α | \$0.00 | 8,000 | 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. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|------------|-----|--|--------------------|---|-------------------------------------|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | |
| Stock Units (SU) | \$0.00 ⁽¹⁾ | 12/29/2006 | | Α | | 397.043 | | (2) | (2) | Common Stock | 397.043 | \$36.52 | 2,989.931 | D | |
| Stock Options (Right to Buy | \$27.86 | | | | | | | 12/14/2005 | 12/14/2014 | Common Stock | 0 | | 10,000 | D | |

Explanation of Responses:

1. The security converts to common stock on a one-to-one basis.

2. The SU were accrued under the Company's Directors Fees Deferral Plan and are settled 100% in the Company's common stock upon cessation as a director or upon a date specified by the director. **Remarks:**

Rachel A. Seifert, Attorney in

Fact for Julia B. North

** Signature of Reporting Person

01/03/2007

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.