FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
l	OMB Number:	3235-0287								
l	Estimated average but	rden								
l	hours per response:	0.5								

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

						_				_						_			
Name and Address of Reporting Person* Williams Hubert James					<u> </u>	2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC [CYH]								eck all application	ionship of Reportino all applicable) Director		10% Ov	vner	
(Last) 4000 MF	`	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/01/2021							Officer (below)	(give title		Other (s below)	specify		
(Street)	reet) RANKLIN TN 37067				4.	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 Person					
(City)	(S	state)	(Zip)											1 013011					
		Та	ble I - Nor	n-Deriv	vativ	ve Se	curitie	s Acq	uired,	Dis	posed of	, or Ben	eficially	Owned					
			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)					ties Acquired (A) or I Of (D) (Instr. 3, 4 a		Beneficia Owned Fo	s Illy ollowing	Form:	Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)	
Common	Common Stock			03/01	1/202	/2021		M		12,372	A	\$0.000	80,	80,456		D			
Common Stock			03/01	1/202	/2021			M		11,356	A	\$0.000	91,	91,812		D			
			Table II -								osed of, o			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 Da if any (Month/Day/Y		ransa ode (I	nsaction de (Instr. Securiti Acquire Dispose (D) (Inst and 5)		ve es d (A) or ed of	6. Date Exerc Expiration Da (Month/Day/Y		ate of Securities		es Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Restricted Stock Units	\$0.00	03/01/2021			M			12,372	(2)		(2)	Common Stock	12,372	\$0.00	0		D		
Restricted Stock Units	\$0.00	03/01/2021			M			11,356	(2)		(2)	Common Stock	11,356	\$0.00	11,35	6	D		
Restricted Stock Units	\$0.00	03/01/2021			A		19,296		(3)		(3)	Common Stock	19,296	\$8.81 ⁽¹⁾	19,29	6	D		
Restricted	***				Ī				(3)		(3)	Common	24 402		24.40	_]	_		

Explanation of Responses:

- 1. The security converts to common stock on a one-to-one basis.
- 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
- 3. The Restricted Stock Units vest in 1/3 increments on the first, second and third anniversary of the date of grant. Based on the Reporting Peron'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 Persons cessation as a director or upon a date specified by the Reporting Person.

Remarks:

Christopher G. Cobb, Attorney

03/02/2021 in Fact for Hubert James

Williams

** Signature of Reporting Person 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.