FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washin

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

aton D.C. 20540							
gton, D.C. 20549	OMB APPROVAL						

OMB Number: Estimated average burden 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

1. Name and Address of Reporting Person*  KLEIN HARVEY MD						2. Issuer Name <b>and</b> Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC											5. Relationship of Reporting Person(s) to Issu (Check all applicable) X Director 10% Owr					
,		CY	CYH]											Director			10% Owner					
(Last) 525 E. 68	(Fi 8TH STREI		Date o		st Tra	nsaction	(Mon	nth/D	ay/Year)			below)	(give title		Other (s below)	specify						
(Street) NEW YORK NY 10021					4. 1	f Ame	ndmen	t, Date	e of Origi	inal Fi	iled (	(Month/D		Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting								
(City) (State) (Zip)															Form t Persor		e thai	an One Reporting				
		Tab	le I - Nor	n-Deriv	ative	Sec	curiti	es A	cquire	d, D	isp	osed (	of, o	r Ber	neficia	ally	Owned	t k				
1. Title of Security (Instr. 3)  2. Transa Date (Month/L				action	ar) i	2A. Deemed Execution Date if any (Month/Day/Yea		e, 3.	, Transaction Code (Instr.		4. Secur	rities Acquired (A) ed Of (D) (Instr. 3,		ed (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Cod	Code V		Amount		(A) or (D)	Price						•	
Common Stock 01/03/									A	\		3,00	0	A	\$0.	00	4,000			D		
		Т	able II -	Deriva (e.g., p													wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code ( 8)				6. Date Exercisable Expiration Date (Month/Day/Year)			e and 7. Title and of Securitie Underlying Derivative (Instr. 3 and		ies D g S Security (I		Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Ownership	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Ex	xpiration ate	Title		Amount or Number of Shares							
Stock Options (Right to Buy)	\$20.46								01/02/2	2004	01/	02/2013	Com		5,000			5,000		D		
Stock Options (Right to Buy)	\$23								05/22/2	2002	05/	/22/2011	Com		10,000			10,000		D		
Stock Options (Right to Buy)	\$26.95								01/02/2	2005	01/	02/2014	Com Sto		5,000			5,000		D		
Stock Options (Right to	\$27.71								01/03/2	2006	01/	03/2015	Com		5,000			5,000		D		

Explanation of Responses:

Remarks:

Rachel A. Seifert, Attorney in Fact for Harvey Klein, M.D.

01/03/2006

\*\* Signature of Reporting Person

Date

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

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.

<sup>\*</sup> 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).