FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-02									

87 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*  BUFORD T MARK					<u>C</u> (	2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC [ CYH ]									elationship deck all applic Director Officer below)	cable) r (give title	) Pers	on(s) to Issu 10% Ow Other (s below)	ner	
(Last) (First) (Middle) 155 FRANKLIN ROAD SUITE 400					03.	3. Date of Earliest Transaction (Month/Day/Year) 03/01/2005									Exec	Executive Officer - Reporting				
(Street) BRENTWOOD TN 37027					.   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person      Form filed by More than One Reporting Person					
(City)	(5	State)	(Zip)																	
1. Title of Security (Instr. 3) 2. Trans. Date				action	1			3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or	5. Amour Securitie Beneficia Owned F	nt of es ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount		A) or D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 03/0					/2005 03/01/200			01/2005	М		10,00	10,000 A		\$13	45,	45,385		D		
Common Stock 03/0					/2005		03/01/2005		S		14,93	4	D	\$32.2	30,	30,451		D		
			Table II -								osed of, onvertil				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 I if any (Month/Day	Date, 1	4. Transa Code (		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis: Expiration Date (Month/Day/Yea		,	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	0 N 0	lumber						
Stock Options (Right to buy)	\$13	03/01/2005	03/01/20	005	М			10,000	06/08/20	01 0	06/08/2010	Comi		0,000	\$0	10,000		D		
Stock Options (Right to buy)	\$20.3								05/22/20	04 0	05/22/2013	Comi		0,000		70,000		D		
Stock Options (Right to	\$32.37								02/28/20	06 0	02/28/2015	Comi		0,000		20,000		D		

**Explanation of Responses:** 

Rachel A. Seifert, Attorney in

03/02/2005

Fact

\*\* 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.

 $<sup>^{\</sup>star}$  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).