FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

(	OMB A	APPR	OVAL	

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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)

### 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

Name and Address of Reporting Person*     NORTH JULIA B					2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC CYH ]										all applica Director		Person	10% Ov Other (s	wner		
(Last) 4000 ME	(Last) (First) (Middle) 4000 MERIDIAN BOULEVARD				3. Date of Earliest Transaction (Month/Day/Year) 03/01/2016									1	below)	9		below)			
(Street)	LIN T	ГN	37067		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person								
(City)	(	State)	(Zip)																		
			Table I - Non	-Deriv	ative	Secur	ities	Acqı	uired,	Disp	osed	of, or	Benef	cially O	wned						
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		Exec r) if any	2A. Deemed Execution Date, if any (Month/Day/Year)		e, Transaction Disp Code (Instr.			urities Acquired (A) or sed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amoun	t	A) or D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock				03/01	01/2016				М		1,20	05	Α	\$0.00(1)	53,249			D			
Common Stock			03/01	01/2016			M		1,10	68	A	\$0.00(1)	54,	54,417		D					
			Table II - D								sed o				med						
1. Title of Derivative Security (Instr. 3)  2. Conversi or Exerci Price of Derivativ Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		Derivat Securit Acquire or Disp of (D) (I	Derivative Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)		e and	7. Title and Amoun Securities Underly Derivative Security 3 and 4)		rlying	8. Price of Derivative Security (Instr. 5)	derivativ Securiti Benefici Owned Followir Reporte	ve Oves For Control of	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exer	e rcisable	Ex <sub>I</sub>	oiration te	Title		unt or ber of es	(Instr		tion(s) )				
Restricted Stock Units	\$0.00	03/01/2016		М			1,205	03/01/201		02/	29/2024	Common Stock		1,205	\$0.00	1,20	04	D			
Restricted Stock Units	\$0.00	03/01/2016		М			1,168	03/	03/01/2016		03/01/2016 02/		28/2025	Commo		1,168	\$0.00	2,336		D	
Restricted Stock Units	\$0.00	03/01/2016		A		11,017		03/0	03/01/2017 <sup>(2)</sup>		28/2026		Common Stock 11,012		\$15.43 <sup>(1)</sup>		)17	D			
Stock Units (SU)	\$0.00								(3)		(3)	Commo		07.3822		27,407	.3822	D			

# **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 of the
- 3. The Stock Units were accrued under the Company's Directors' Fees Deferral Plan in lieu of a portion of the Reporting Person's Director Fees and are settled 100% in the Company's common stock upon cessation as a director or upon a date specified by the director.

### Remarks:

Christopher G. Cobb, Attorney in 03/02/2016 Fact for Julia B. North

\*\* Signature of Reporting Person

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.