FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										

0.5

hours per response:

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

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1. Name and Address of Reporting Person*  SMITH WAYNE T						2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC [									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
						CYH ]								١.	X	Direc	ctor	10%	Owner	
(Last)	st) (First) (Middle)						-								X	Office	er (give title v)		Other (specify below)	
4000 MERIDIAN BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 10/31/2011										Chairman, President & CEO				
(Street) FRANKLIN TN 37067					4. If Amendment, Date of Original Filed (Month/Day/Year) 10/31/2011									G. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person						
FRANKI	IN TN		3/00/												Form filed by One Reporting Person					
(City)	(St	ate) (	Zip)													Form filed by More than One Reporting Person				
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired	, Dis	posed o	f, or	Ben	eficia	lly (	Owne	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Date			Transaction Disposed Code (Instr.			ies Acquired (A) o Of (D) (Instr. 3, 4			and 5) Secu Bene		cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A)	or	Price		Transa	action(s) 3 and 4)		(111341.4)	
Common Stock 10/31/2					2011	:011			P <sup>(1)</sup>		100,000	) .	A	\$17.692		10	02,000	I	Spouse	
		Та						•			osed of, convertib			-	y Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I	on Date,	4. Transa Code ( 8)				6. Date I Expirati (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Nui of	mber ares						

## **Explanation of Responses:**

1. This amendment is filed to correct the Transaction Code in Table I of the original filing from "A" to "P". The securities were purchased in the open market and were not acquired from the Issuer.

## Remarks:

Christopher G. Cobb, Attorney 11/04/2011 in Fact for Wayne T. Smith

\*\* 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.