## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or	Sect	ion 30(l	n) of the	e Investmen	t Con	npany Act	of 1940								
1. Name and Address of Reporting Person*  HAMMONS KEVIN J						2. Issuer Name <b>and</b> Ticker or Trading Symbol  COMMUNITY HEALTH SYSTEMS INC  CYH ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below)  VP/Chief Accounting Officer				
(Last) (First) (Middle) 4000 MERIDIAN BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 02/16/2013														
(Street) FRANKLIN TN 37067						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) (State) (Zip)																				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					action	ar)	2A. Deemed Execution Date, if any (Month/Day/Year		3. Transa Code (I	3. 4. Securi Transaction Dispose Code (Instr. 5)		rities Acquired (A)			5. Amount of and Securities Beneficially Owned Followi		Forn (D) c	n: Direct	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or I	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 02/16/2						3			F		1,769	59 D \$		\$42.2	9 17,390		D			
		Т							quired, D s, option						Owned					
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year		4. Transactio Code (Insti				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		epiration ate	Title	or Nu of	ount mber ares						
Stock Options (Right to Buy)	\$32.37								02/28/2006	5 02	2/28/2013	Commo Stock	5,	000		5,000		D		
Stock Options (Right to Buy)	\$38.3								03/01/2007	7 03	3/01/2014	Commo Stock	3,	000		3,000		D		
Stock Options (Right to Buy)	\$37.21								02/28/2008	3 02	2/28/2015	Commo Stock	1,	500		1,500		D		
Stock Options (Right to Buy)	\$40.41								07/25/2008	3 07	//24/2017	Commo Stock	8,	000		8,000		D		
Stock Options (Right to Buy)	\$32.28								02/27/2009	9 02	2/27/2018	Commo Stock	1,	500		1,500		D		
Stock Options (Right to Buy)	\$18.18								02/25/2010	02	2/24/2019	Commo Stock	1,	000		1,000		D		
Stock Options (Right to Buy)	\$33.9								02/24/2011	02	2/23/2020	Commo Stock	1,	000		1,000		D		
Stock Options (Right to Buy)	\$37.96								02/23/2012	2 02	2/22/2021	Commo Stock	1,	000		1,000		D		
Stock Options (Right to Buy)	\$21.07								02/16/2013	3 02	2/15/2022	Commo Stock	4,	000		4,000		D		

Explanation of Responses:

Remarks:

## in Fact for Kevin J. Hammons

\*\* 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.