### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

	Washingtor	1, D.C. 20549	
STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OM	IB APPRO	VAL	

OMB Number: 3235-0287 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

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1. Name and Address of Reporting Person*  JENNINGS WILLIAM NORRIS					<u>CC</u>	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)  X Director 10% Owner					
(Last) 4000 ME	•	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/27/2016									Officer below)	(give title		Other (s below)	specify
(Street)	LIN TI	N	37067		4. If	f Ame	endmer	nt, Date	of Original	Filed	(Month/D	ay/Year)		6. Indi Line) X	Form f	filed by One	e Repo	g (Check Ap orting Person One Repo	n
(City)	(S		(Zip)																
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Trans Date (Month/l				action	Execution Date,			3. Transa	3. 4. Securit Transaction Code (Instr. 5)		of, or Benefic ities Acquired (A) d Of (D) (Instr. 3, 4		or 5. Amou Securiti Benefic Owned		int of es ially Following	Form (D) o	n: Direct r Indirect   I istr. 4)   (	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	t (A) or Pr		ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 02/2				02/27	7/2016	/2016		М		1,198	1,198 A \$0		0.00(1)	28	28,594		D		
		7	able II -						uired, E s, option						Owned				
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Execution if any			Transaction Code (Instr.		ı of E		6. Date Exercisal Expiration Date (Month/Day/Year		Amount Securitie Underlyi Derivativ	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amo or Num of Shar	ber					
Restricted Stock Units	\$0.00	02/27/2016			M			1,198	02/27/201	14 0	2/26/2023	Commor Stock	1,1	98	\$0.00	0		D	
Restricted Stock Units	\$0.00								03/01/201	15 0	2/29/2024	Commor Stock	2,4	09		2,409		D	
Restricted Stock Units	\$0.00								03/01/201	16 0	2/28/2025	Commor Stock	3,5	04		3,504		D	

### **Explanation of Responses:**

1. The security converts to common stock on a one-to-one basis.

# Remarks:

Christopher G. Cobb, Attorney

in Fact for William Norris

02/29/2016

<u>Jennings</u>

\*\* 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).