

OMB APPROVAL	
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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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* <b>COMMUNITY HEALTH SYSTEMS INC</b>  (Last) (First) (Middle) <b>4000 MERIDIAN BOULEVARD</b>  (Street) <b>FRANKLIN TN 37067</b>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <b>Quorum Health Corp [ QHC ]</b>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <b>04/29/2016</b>	
		6. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> Form filed by One Reporting Person  Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common stock, par value \$0.0001 per share	04/29/2016		J <sup>(1)</sup>		28,438,547 <sup>(2)</sup>	D	\$0.00	0	I	Held through CHS-QHC Bridge Company, LLC <sup>(3)</sup>

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	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	Expiration Date					

**Explanation of Responses:**

- In connection with the spin-off of Quorum Health Corporation ("QHC") by Community Health Systems, Inc. ("CHS"), on April 29, 2016, CHS distributed 100% of the outstanding shares of common stock, \$0.0001 par value, of QHC owned by CHS to the holders of CHS common stock as of the close of business on April 22, 2016, the record date for the distribution.
- In connection with the spin-off of QHC by CHS, on April 29, 2016, QHC effected a forward stock split, which resulted in the reporting person's ownership of 1,000 shares being converted into 28,438,547 shares.
- These shares were owned indirectly through CHS-QHC Bridge Company, LLC, a Delaware limited liability company, which is a wholly-owned subsidiary of CHS/Community Health Systems, Inc., a Delaware corporation, which is a wholly-owned subsidiary of CHS.

**Remarks:**

/s/ Jay H. Knight, Attorney in Fact for Rachel A. Seifert, EVP 04/29/2016 and Corporate Secretary.

\*\* 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.