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 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

1. Name and Address of Reporting Person* FRY JOHN A						2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC [CYH]										eck all appli X Directo	cable) or	g Pers	Person(s) to Issuer			
(Last) (First) (Middle) 4000 MERIDIAN BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 02/23/2011										Officer below)	(give title		Other (below)	specify		
(Street) FRANKLIN TN 37067					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City) (State) (Zip)															Persoi		Culai	Tone repe	rung			
		Tab	le I - Nor	n-Deriv	/ative	e Se	curit	ies A	cquir	red, C	Disp	osed o	of, or	Ben	eficia	ly Owned	t					
1. Title of Security (Instr. 3) 2. Trans Date (Month/I						ar)	2A. Deemed Execution Date, if any (Month/Day/Year		e, Ti	Code (Instr.					Benefici Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									С	ode	v	Amount		A) or D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock 02/24					4/201	/2011				M		1,37	6	A	\$0.0	0 15	15,462		D			
Common Stock 02/25/						5/2011				M		2,384		A	\$0.0	17,846			D			
		7	Γable II -									sed of				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	ed Date,	4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisa Expiration Date (Month/Day/Year			ble and	7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		Amount S ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e Owr s Fori lly Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	cisable	Ex Da	opiration	Title	1	Amount or Number of Shares							
Phantom Stock	\$0.00	02/25/2011			M			2,384	02/25	5/2010		(1)	Com		2,384	\$0.00	2,384		D			
Restricted Stock Units	\$0.00	02/24/2011			M			1,376	02/24	4/2011		(2)	Comi		1,376	\$0.00	2,754	ļ	D			
Restricted Stock Units	\$0.00	02/23/2011			A			3,688	02/23	3/2012		(2)	Comi		3,688	\$0.00	3,688	3	D			
Stock Options (Right to Buy)	\$25.13								05/25	5/2005	05	5/25/2014	Comi		10,000		10,000	0	D			
Stock Options	\$27.71								01/03	3/2006	01	/03/2015	Comi	non	5,000		5,000		D			

Explanation of Responses:

- 1. The Phantom Stock Award vests in 1/3 increments on the first, second and third anniversary of the date of grant. Upon vesting, the Reporting Person will be issued that number of shares of Common stock of the Company.
- 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 Company.

Remarks:

Buy)

Rachel A. Seifert, Attorney in Fact for John A. Fry 02/25/2011

** 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.