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										
ha	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*  WATSON H MITCHELL JR						2. Issuer Name <b>and</b> Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC CYH ]										le)	Person(s) to Issu 10% O		wner		
(Last) 4000 ME	st) (First) (Middle) 00 MERIDIAN BOULEVARD					of Ear /2015	liest Tra	unsacti	ion (Mor	nth/Da	ıy/Year)			-	Officer (g below)	ive title		Other (sp	pecify		
(Street)	LIN :	ГП	37067	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 Person								
(City)	City) (State) (Zip)												To this mice by wore trial one reporting Person								
			Table I - Non	-Deriva	ative \$	Secu	rities	Acqı	uired,	Dis	osed	of, or E	Benefi	cially C	wned						
Da					. Transaction late Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispos			urities Acquired (A) or sed Of (D) (Instr. 3, 4 and			Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									v	Amour	nt (A	i) or F	rice	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)			
Common	02/27/	2015				M		1,1	99	A :	\$0.00(1)	11,833			D						
Common	Stock			03/01/	2015				M		1,2	05	A :	\$0.00 <sup>(1)</sup>	13,0	38	D				
			Table II - D									f, or Be tible se			ned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		Derivative		6. Date Exercisab Expiration Date (Month/Day/Year)			and 7. Title and Amount Securities Underlyit Derivative Security 3 and 4)			/ing	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exer	cisable	Exp Dat	iration e	Title	Amour Number Shares	er of		Transact (Instr. 4)	ion(s)	1(5)			
Restricted Stock Units	\$0.00	02/27/2015		M			1,199	02/2	27/2014	02/2	26/2023	Common Stock 1,		199	\$0.00 1,19		8	D			
Restricted Stock Units	\$0.00	03/01/2015		М			1,205	03/0	03/01/2015		03/01/2015 02		29/2024	Common Stock	1,205		\$0.00	2,409		D	
Restricted Stock Units	\$0.00	03/01/2015		A		3,504		03/01	1/2016 <sup>(2)</sup>	02/2	28/2025	Common Stock	3,	504	\$48.52 <sup>(1)</sup>	3,50	4	D			
Stock Units (SU)	\$0.00								(3)		(3)	Common Stock	10,25	9.6845		10,259.	6845	D			

## **Explanation of Responses:**

- 1. The security converts to common stock on a one-to-one basis.
- 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
- 3. The Stock Units were accrued under the Company's Directors' Fees' Deferral Plan and are settled 100% in the Company's common stock upon cessation as a director or upon a date specified by the director.

## Remarks:

Christopher G. Cobb, Attorney in Fact for H. Mitchell Watson,

03/02/2015

Date

<u>Jr.</u>

\*\* Signature of Reporting Person

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.