FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washin

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

aton D.C. 20540	
gton, D.C. 20549	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*  NORTH JULIA B						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)					
					CY											or		10% Ov	vner		
(Last)	(F	irst)		•										(give title		Other (s below)	specify				
155 FRANKLIN ROAD SUITE 400					3. Date of Earliest Transaction (Month/Day/Year) 03/09/2005																
			_   4. I1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) BRENTWOOD TN 37027																X Form filed by One Reporting Person Form filed by More than One Reporting					
(City) (State) (Zip)															Person						
		Tab	le I - Nor	n-Deriv	vative	Se	curiti	es Ac	quired,	Dis	posed (	of, or B	ene	ficially	y Owne	d					
1. Title of Security (Instr. 3)  2. Trans Date (Month/						ar)   E	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)			ities Acqui d Of (D) (In				es ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or 1	Price	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)		
Common Stock 03/09					9/2005	/2005 03/09/2005			P		1,00	0 A		<b>\$32.7</b> 5	5 2,000		D				
		Т	able II -						uired, D , option						Owned						
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)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	Code V			Date Exercisable		xpiration ate	Title	or Nu of	mber ares							
Stock Options (Right to buy)	\$27.86								12/14/2004	12	2/14/2014	Common Stock	10	,000		10,000	)	D			

**Explanation of Responses:** 

Rachel A. Seifert, Attorney in

**Fact** 

03/09/2005

\*\* 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.