## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

washington, D.C. 2	.0549

OMB APPROVAL							
OMB Number:	3235-0287						
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0.5

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5. Relationship of Reporting Person(s) to Issuer

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

2. Issuer Name and Ticker or Trading Symbol

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*  HAMMONS KEVIN J					2. Issuer Name and Ticker or Trading Symbol  COMMUNITY HEALTH SYSTEMS INC [  CSVII ]  5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner														
					_ CYH ]								X Officer below)	(give title		Other ( below)			
(Last) 4000 MEI	(Firs RIDIAN BC	st) (I DULEVARD	Middle)			te of 1/20		st Transa	ction (Mo	onth/[	Day/Year)		,	Senior VP and C					
(Street) FRANKLIN TN 37067 (City) (State) (Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person							
		5/06/	/										Form fi	Form filed by More than One Reporting					
												Person							
		Tab	le I - No	n-Deriv	/ative	Sec	uriti	es Acc	uired,	Dis	posed of	, or Ber	neficial	y Owned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5) Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)		
Common Stock			03/01	1/2016				M		13,334	A	\$0.0	57,	463		D			
Common Stock			03/01	1/2016				F		9,090	D	\$15.4	3 48,	373		D			
Common Stock		03/01	1/2016				A		25,000	A	\$0.0	73,373			D				
		Т	Гable II -								osed of, convertib			Owned					
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Ex (Month/Day/Year) if a	Execution if any	A. Deemed kecution Date,		ction nstr.	5. Number on of		6. Date E Expiratio (Month/I	n Da	able and 7. Title and Amo		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ully	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares						
Performance Based Restricted	\$0.00	03/01/2016			M <sup>(1)</sup>			13,334	(1)		(1)	Common Stock	13,334	\$0.00	0		D		
Stock Options (Right to Buy)	\$32.28								02/27/20	009	02/26/2018	Common Stock	1,500		1,500	0	D		
Stock Options	1			1															
(Right to Buy)	\$33.9								02/24/20	)11	02/23/2020	Common Stock	1,000		1,000	0	D		_
(Right to	\$33.9 \$37.96								02/24/20		02/23/2020		1,000		1,000		D D		_

### **Explanation of Responses:**

1. Pursuant to the terms governing the award, the Company has achieved the cost savings ("synergies") from the Health Management Associates, Inc. ("HMA") merger transaction that were required to be achieved during the first two years following the HMA merger transaction, and, accordingly, the performance-based restrictions on the remaining portion of the award have lapsed as of the second anniversary of the date of grant. All such shares will now be reported on Table 1 as directly owned shares of Restricted Stock. There is also a time-vesting element. The time-vesting restrictions lapse in equal installments on the second and third anniversary of the date of grant.

### Remarks:

Christopher G. Cobb, Attorney in Fact for Kevin J. Hammons

03/02/2016

\*\* 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).