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## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

)	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

# OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

1 0	n*	2. Issuer Name and Ticker or Trading Symbol <u>COMMUNITY HEALTH SYSTEMS INC</u> [ CYH ]		all applicable) Director	10% Owner Other (specify below)
(First) N BOULEVARD	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/11/2014	Х	Officer (give title below) Chairman & C	
TN (State)	37067 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year) 12/15/2014	6. Indiv Line) X	idual or Joint/Group Filing Form filed by One Repor Form filed by More than Person	ting Person
	(First) N BOULEVARD	(First) (Middle) N BOULEVARD TN 37067	Stor Reporting Forsition       COMMUNITY HEALTH SYSTEMS INC [         CYNE T       COMMUNITY HEALTH SYSTEMS INC [         (First)       (Middle)         N BOULEVARD       3. Date of Earliest Transaction (Month/Day/Year)         TN       37067	COMMUNITY HEALTH SYSTEMS INC [       (Check X         (First)       (Middle)         N BOULEVARD       3. Date of Earliest Transaction (Month/Day/Year)         TN       37067	So of Reporting Forsition       COMMUNITY HEALTH SYSTEMS INC [ CYH ]       (Check all applicable)       X       Director         (First)       (Middle)       3. Date of Earliest Transaction (Month/Day/Year)       Chairman & C         12/11/2014       4. If Amendment, Date of Original Filed (Month/Day/Year)       6. Individual or Joint/Group Filing Line)         TN       37067       X       Form filed by One Report 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. Transa Code ( 8)		4. Securities A Disposed Of (I			Securities Beneficially	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	Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock	12/12/2014		S		201,000 <sup>(1)</sup>	D	<b>\$51.4704</b> <sup>(1)</sup>	846,179	D	

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. Transa Code ( 8)		of Deriv Secu Acqu (A) or Dispo of (D) (Instr	of Expi		6. Date Exercisable and Expiration Date (Month/Day/Year)			Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

#### Explanation of Responses:

1. The purpose of this Amendment is to correct the number of shares sold by the reporting person on 12/12/2014 and the weighted average price of such shares. It was incorrectly reported on the Form 4 filed on 12/15/2014 that the reporting person sold 200,000 shares in a series of transactions at a weighted average price of \$51.4700 per share. The reporting person sold 201,000 shares in a series of transactions at a weighted average price of \$51.4704 per share.

### Remarks:

<u>Christopher G. Cobb, Attorney</u> <u>in Fact for Wayne T. Smith</u> <u>12/1</u>

12/17/2014

\*\* 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.