FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

vasimigto	11, D.O.	20040	

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).

## 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

1. Name and Address of Reporting Person*  NORTH JULIA B				<u>(</u>	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)  X Director 10% Owner				ner	
(Last) (First) (Middle) 155 FRANKLIN ROAD SUITE 400					3. Date of Earliest Transaction (Month/Day/Year) 09/30/2005								Office below	(give title		Other (s below)	pecify
(Street) BRENTWOOD TN 37027				4	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) (State) (Zip)  Table I - Non-Derivative Securities Acquired,							wired. Γ	Disn	osed c	of, or Be	neficial	ly Owned					
1. Title of Security (Instr. 3)				2. Transact Date (Month/Day	saction 2A. Deemed Execution Date,		e, Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)		ed (A) or	5. Amou Securiti Benefic Owned	s Form ally (D) o ollowing (I) (Ir		n: Direct     r Indirect     estr. 4)   (	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) o (D)	r Price	Transac	Reported Fransaction(s) Instr. 3 and 4)			(Instr. 4)
Common Stock													2	2,000		D	
			Table II - D								, or Bend ble secu		Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	te (Month/Day/Year) if any Code (Instr. Securities (Month/Day/Year) 8) Acquired (A)		re E s ( I (A) sed str.	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	v	(A)		Date Exercisable		piration ate	Title	Amount or Number of Shares	5	(Instr. 4)	ion(s)		
Stock Options (Right to Buy	\$27.86							12/14/2004	12	//14/2014	Common Stock	10,000		10,00	00	D	
Stock Units (SU)	\$0.00 <sup>(1)</sup>	09/30/2005		A		334.965		(2)		(2)	Common Stock	334.96	\$38.81	1,108.6	647	D	

## Explanation of Responses:

- 1. The security converts to common stock on a one-to-one basis.
- 2. The SU 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:

Rachel A. Seifert, Attorney In act for Julia B. North

10/03/2005

\*\* Signature of Reporting Person

Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  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.

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$