FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OIVID APPROVAL										
OMB Nur	nber:	3235-0287									
Estimated	ourden										

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person* NORTH JULIA B					2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC [CYH]							(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
												>			10% Owner		·			
(1+)	/5	·:	(A 4: -1 -11 -)											Officer (give title Other (spe- below) below)						
(Last)	`	irst)	(Middle)				Tran	saction (Mor	nth/Da	ay/Year)				below)			below)			
4000 MERIDIAN BOULEVARD					09/30/2014															
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
FRANKLIN TN 37067													7	X Form filed by One Reporting Person						
(City)	(6	'tota'	(7in)									Form filed by More than One Reporting Person								
(City)	(5	itate)	(Zip)																	
		Та	ble I - Non	-Deriva	tive S	ecuritie	s Ac	quired, I	Disp	osed o	of, or E	Bene	ficially	Owned						
Date			2. Transa Date (Month/Da	Execution Date,		, Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amour Securities Beneficia Owned Fe	s Ily	Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or)	Price	Transacti	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock				i								46,227		D						
			Table II - D	erivati	ve Se	curities	Aco	uired. Di	spo	sed of.	or Be	nefi	cially (Dwned				1		
								s, option												
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year) ce of rivative			ansaction Derivation Decivation		re es d (A) sed str.	6. Date Exercisab Expiration Date (Month/Day/Year)		of Securities		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
													nount		Transaction(s) (Instr. 4)					
				Cod	e V	(A)	(D)	Date Exercisable		epiration ate	Title		ımber Shares							
Stock Units (SU)	\$0.00	09/30/2014		A		728.539		(1)		(1)	Commo		28.539	\$54.79	23,490.36	532	D			
Restricted Stock Units	\$0.00							02/16/2013	02	2/15/2022	Commo		2,215		2,215		D			
Restricted Stock Units	\$0.00							02/27/2014	02	2/26/2023	Commo		2,397		2,397		D			
Restricted Stock	\$0.00							03/01/2015	02	2/29/2024	Commo	n 3	3,614		3,614		D			

Explanation of Responses:

1. 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:

<u>Christopher G. Cobb, Attorney</u> in Fact for Julia B. North

** 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.

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