FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL						
OMB Number: 3235-028						
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hours per response: 0						

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

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Name and Address of Reporting Person* FRY JOHN A						2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					CY	Η])	Directo			10% Ow	- 1	
(Last) (First) (Middle) 4000 MERIDIAN BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 03/01/2017									(give title		Other (s _l below)	pecify	
					4. If A	mer	ndment,	Date	of Origina	I File	d (Month/Da	y/Year)	6. In	6. Individual or Joint/Group Filing (Check Applica				plicable	
(Street)													Line)						
FRANKLIN TN 37067														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate) ((Zip)											1 613011					
		Tab	le I - N	Non-Deriv	/ative	Sec	urities	s Acc	uired,	Dis	posed of,	or Ben	eficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			y/Year)	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acqui Disposed Of (D) (In and 5)					5. Amou Securitie Benefici Owned	ies For ially (D)		Direct o	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) or (D)	Price	Following (Instr. 4 Reported Transaction(s) (Instr. 3 and 4)			. 4) (1	nstr. 4)	
Common Stock 03/01/20				2017	017		M		1,474	1,474 A		31,965			D				
Common Stock 03/01/20				2017	017		M		1,430	A	\$0.000	33,395			D				
Common Stock 03/01/			2017	017		M		4,495	A	\$0.000	37,890			D					
			Tab								sed of, or onvertible			vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, n/Day/Year)	4. Transac Code (Ir 8)		5. Num of Deri Securi Acquir (A) or Dispos (D) (Ins	ivative ties red sed of str. 3,	6. Date I Expirati (Month/	on Da	ercisable and 7. Title and Amount of		of s ng e	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie	overships Bally Ownership Form: Direct (D) Or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Restricted Stock Units	\$0.00	03/01/2017			M			1,474	03/01/2	015	02/29/2024	Common Stock	1,474	\$0.00	0		D		
Restricted Stock Units	\$0.00	03/01/2017			М			1,430	03/01/2	016	02/28/2025	Common Stock	1,430	\$0.00	1,429		D		
Restricted Stock Units	\$0.00	03/01/2017			M			4,495	03/01/2	017	02/28/2026	Common Stock	4,495	\$0.00	8,989		D		
Restricted Stock Units	\$0.00	03/01/2017			A		18,498		03/01/20	18 ⁽²⁾	02/28/2027	Common Stock	18,498	\$9.19 ⁽¹⁾	18,498	8	D		

Explanation of Responses:

- 1. The security converts to common stock on a one-to-one basis.
- 2. The Restricted Stock Units vest in 1/3 increments on the first, second and third anniversary date of the date of grant. Upon vesting, the Reporting Person will be issued that number of shares of the Common Stock of the Company.

Remarks:

NOTE: The number of restricted stock units for each award listed on Table II granted prior to April 29, 2016, was adjusted pursuant to the Employee Matters Agreement between the Issuer and Quorum Health Corporation ("QHC"), dated as of April 29, 2016, to preserve the aggregate intrinsic value of the original award as a result of the spin-off from the Issuer of QHC, effective April 29, 2016.

<u>Christopher G. Cobb. Attorney</u> in Fact for John Anderson Fry

** 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	n contained in this form are not requi	red to respond unless the form display	ys a currently valid OMB Number.