FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OMB APPROVAL										
Ì	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).

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 Aaron T		Reporting Person*	CC	2. Issuer Name <b>and</b> Ticker or Trading Symbol  COMMUNITY HEALTH SYSTEMS INC  CYH ]									(Check all applicable)  Director			orting Person(s) to Issuer  10% Owner tle Other (specify			
(Last) 4000 MEF		3. Date of Earliest Transaction (Month/Day/Year) 12/07/2017									X Officer (give title Offier (specify below)  EVP and CFO				,				
(Street) FRANKLIN TN 37067  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					action	ction 2A. Deemed Execution Date,				, Dis	4. Securi	ties A	cquired	(A) or	5. Amou Securitie Benefici Owned F	nt of es ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
Common S		12/07		7/2017	7	•		Code	v	Amount 18,32	(D)		Price \$4.21	(Instr. 3	nsaction(s) str. 3 and 4)		D	(Instr. 4)	
		Т									osed of converti				Owned			<u>'</u>	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,	4. Transa Code ( 8)		n of		6. Date E Expiratio (Month/D	n Date	•	of S Und Der	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	e	Amount or Number of Shares					
Performance Based Restricted	\$0.00								03/01/20	20 <sup>(1)</sup>	02/28/2027		mmon tock	12,500		12,50	00	D	

## **Explanation of Responses:**

1. The vesting of 80% of these performance-based restricted shares is subject to the attainment of a pre-determined level of Cumulative Same-Store Adjusted EBITDA Growth between January 1, 2017 and December 31, 2019 (the "Performance Period"). The vesting of the remaining 20% of these performance-based restricted shares is subject to the attainment of a pre-determined level of Cumulative Adjusted EPS for the Performance Period. The target number (100%) of the total performance-based restricted shares is reported in the table set forth above. Between 0% and 200% of the target number of performance-based restricted shares subject to the attainment of the Cumulative Same-Store Adjusted EBITDA Growth and Cumulative Adjusted EPS criteria, as applicable, will ultimately vest on the third anniversary of the date of grant, with the vesting percentage to be determined based upon achievement with respect to the applicable criteria during the Performance Period.

## Remarks:

Christopher G. Cobb, Attorney in Fact for Thomas J Aaron 12/08/2017

\*\* 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.