## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP

**OMB APPROVAL** 

3235-0287 Estimated average burden hours per response: 0.5

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* PORTACCI MICHAEL T				<u>CC</u>	2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC CYH ]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below)					
(Last) (First) (Middle) 4000 MERIDIAN BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 02/16/2015									Division President					
(Street) FRANKL	IN TN	3	37067		4. If	Ame	endmen	t, Date	of Original F	iled	(Month/Da	y/Year)		6. Individual or Joint/Group Filing (Che Line)  X Form filed by One Reporting Form filed by More than One			rting Person		
(City)	(Sta	ite) (2	Zip)												Person				
		Tab	le I - Noi	n-Deriv	ative	e Se	curit	ies A	cquired, I	Dis	posed c	f, or B	enef	icially	Owned				
Date				saction /Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (II	Transaction D		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Securities Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		: Direct   I r Indirect   I str. 4)   (	7. Nature of ndirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or I	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common S	Stock			02/16	5/201	5			F		1,873	3 I		\$48.14 36,210		210	D		
		٦							quired, Di						Owned				
1. Title of Derivative Security (Instr. 3)			ole and	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)								
					Code	v	(A)	(D)	Date Exercisable		expiration Pate	Title	or Nu	ount mber Shares					
Stock Options (Right to Buy)	\$40.41								07/25/2008	C	7/24/2015	Commo: Stock	10	0,000		100,00	00	D	
Stock Options (Right to Buy)	\$32.28								02/27/2009	C	2/26/2018	Commo Stock	20	),000		20,00	0	D	
Stock Options (Right to Buy)	\$33.9								02/24/2011	C	2/23/2020	Commo Stock	1 10	0,000		10,00	0	D	
Stock Options (Right to Buy)	\$37.96								02/23/2012	C	2/22/2021	Commo Stock	1 10	),000		10,00	0	D	
Stock Options (Right to Buy)	\$21.07								02/16/2013	C	2/15/2022	Commo: Stock	2	,667		2,667	7	D	
Performance Based Restricted	\$0.00								03/01/2015 <sup>(-)</sup>	.) (	2/29/2024	Commo Stock	¹ 25	5,000		25,00	0	D	
Performance Based	\$0.00								03/01/2015	)   c	2/29/2024	Commo	1 10	0,000		10,00	0	D	

## **Explanation of Responses:**

- 1. Each performance based restricted share represents a contingent right to receive one share of CYH common stock. There are two elements to the lapsing of the restriction; first, the Company must achieve specified targeted amount of earnings per share from continuing operations, or net revenue from continuing operations, and if the performance objective is met, the vesting restrictions will lapse in 1/3 increments on the first, second and third anniversary of the date of grant. If the objectives are not met, the shares will be forfeited.
- 2. Each performance based restricted share represents a contingent right to receive one share of CYH common stock. The lapsing of the restrictions is dependent on the Company meeting certain cost savings ("synergies") from the Health Management Associates, Inc. merger transaction. The performance target may be met in part in the first year or in whole or in part over the first two years. There is also a time vesting element to the maximum targets of the award. If the objectives are not met, the shares will be forfeited.

## Remarks:

Restricted

Christopher G. Cobb, Attorney in Fact for Michael T. Portacci

Stock

02/18/2015

\*\* 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 contai	ned in this form are not required to	respond unless the form displays a cu	rrently valid OMB Number.