FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL					
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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

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1. Name and Address of Reporting Person* MILLER DAVID LEWIS							2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC CYH]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
(Last) (First) (Middle) 4000 MERIDIAN BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 02/27/2010									Division President						
(Street) FRANKLIN TN 37067					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting							
(City) (State) (Zip)															Person						
		Tab	le I - Noi	n-Deriv	ative	Se	curit	ies A	cquired,	Dis	posed (of, or Be	enefici	ally	Owned						
1. Title of Security (Instr. 3) 2. Transa Date (Month/E					action 2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr.						s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(D)			Transacti (Instr. 3 a	on(s) nd 4)			· ,		
Common Stock 02/27/									F		4,25			4.27							
Common Stock 02/28/									F		4,01					0,364		D			
		T							quired, D s, optior						wned						
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, (if any (Month/Day/Year) Fransaction Code (Instr. 8) Security Acquired (A) or Disposition (A) or Disposi				ivative urities juired or posed D) tr. 3, 4	Expiration Date (Month/Day/Year) of Secul Underly Derivati (Instr. 3					ies [] g Security [ice of yative derivative security security Benefici Owned Followin Reporter Transaci (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amoun or Numbe of Shar	er							
Performance Based Restricted	\$0.00								(1)		(1)	Common Stock	40,00	00		40,00	00	D			
Stock Options (Right to Buy)	\$33.9								02/24/201	1 0	2/24/2020	Common Stock	10,00	00		10,000		D			
Stock Options (Right to Buy)	\$32.37								02/28/200	6 0	2/28/2013	Common Stock	30,00	00		30,000		D			
Stock Options (Right to Buy)	\$38.3								03/01/200	7 0	3/01/2014	Common Stock	20,00	00		20,000		D			
Stock Options (Right to Buy)	\$37.21								02/28/200	8 0	2/28/2015	Common Stock	10,00	00		10,000		D			
Stock Options (Right to Buy)	\$32.28								02/27/200	9 0	2/26/2018	Common Stock	22,00	00		22,00	00	D			
Stock Options (Right to Buy)	\$40.41								07/25/200	8 0	7/25/2015	Common Stock	100,0	00		100,0	00	D			
Stock Options (Right to	\$18.18								02/25/201	0 0	2/25/2019	Common Stock	10,00	00		10,00	00	D			

Explanation of Responses:

Remarks:

^{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.

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.