FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vasnington, D.C. 20549

OMB APPROVAL						
OMB Number	3235-028					

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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* BUFORD T MARK					<u>CC</u>	2. Issuer Name <b>and</b> Ticker or Trading Symbol  COMMUNITY HEALTH SYSTEMS INC  CYH ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					
(Last) (First) (Middle) 4000 MERIDIAN BOULEVARD						of Earlie 2009	est Tran	saction (N	Month	/Day/Year)		X Ollicer (give title Other (specify below)  VP/Chief Accounting Officer								
(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 - No	n-Deriv	/ative	Se	curiti	es Ac	quired	, Dis	sposed (	of, or Be	enefic	ially	Owned	l k				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					E ) if	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction I Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Sec Bei		ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									v	Amount	(A) or (D)	Price	•	Transaction(s) (Instr. 3 and 4)				, ,		
Common Stock			08/04/2009			08/04/2009		S		10,000	0 D \$30		.94(1)	65,993		993 D				
		T	able II								osed of				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	4. Transaction Code (Instr. 8)		n of i		6. Date Exercisable and Expiration Date (Month/Day/Year)		9	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner: Form: Direct or Indi (I) (Inst	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisal		Expiration Date	Title	Amou or Numb of Share	er						
Stock Options (Right to Buy)	\$20.3								05/22/20	04	05/22/2013	Common Stock	13,3	34		13,334		D		
Stock Options (Right to Buy)	\$32.37								02/28/20	06	02/28/2013	Common Stock	20,00	00		20,000		D		
Stock Options (Right to Buy)	\$38.3								03/01/20	07	03/01/2014	Common Stock	15,00	00		15,000		D		
Stock Options (Right to Buy)	\$37.21								02/28/20	08	02/28/2015	Common Stock	7,50	0		7,500		D		
Stock Options (Right to Buy)	\$32.28								02/27/20	09	02/26/2018	Common Stock	7,50	0		7,500		D		
Stock Options (Right to Buy)	\$40.41								07/25/20	08	07/25/2015	Common Stock	15,00	00		15,000		D		
Stock Options (Right to	\$18.18								02/25/20	10	02/25/2019	Common Stock	5,00	0		5,000		D		

## **Explanation of Responses:**

1. These shares were sold in a series of transactions at an average sales price of \$30.94 per share.

## Remarks:

Rachel A. Seifert, Attorney in Fact for T. Mark Buford

08/06/2009

\*\* 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.