FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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).

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

1. Name and Address of Reporting Person* WATSON H MITCHELL JR						2. Issuer Name and Ticker or Trading Symbol <u>COMMUNITY HEALTH SYSTEMS INC</u> [CYH]								5. Relationship of Reporting (Check all applicable) X Director			Person(s) to Issuer 10% Owner	
(Last) (First) (Middle) 4000 MERIDIAN BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 02/16/2013								Officer (below)	give title		Other (s below)	pecify
(Street) FRANK	LIN T	4. If Am	endment, Da	te of O	Priginal F	-iled (I	Month/	/Day/Yea	ar)	6. Indi Line) X		ed by One	Report	Check Appl ting Person One Report				
		Т	able I - Nor	-Deriv	ative S	ecurities	Acqu	uired,	Disp	ose	d of, o	r Bene	ficially	Owned				
Date					action Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		ate, Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				5. Amount Securities Beneficial Owned Fo	ly	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
								Code	v	Αmoι	Amount (A) (D)		Price	 Reported Transaction(s) (Instr. 3 and 4) 				(Instr. 4)
Common Stock 02/16						5/2013		М		2,215 A S		\$0.00 ⁽¹⁾	17,6	17,632		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Cod	nsaction de (Instr.	5. Number 6. Date Exercisable and Expiration Date (Month/Day/Year) 3 and 40 Control Co				lying	8. Price of Derivative Security (Instr. 5) Beneficia		e s	10. Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownershir			

Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transa Code (8)				Expiration Da (Month/Day/)			SUnderlying Security (Instr.	Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
						Date Exercisable	Expiration Date	Amount or Number of Shares							
Restricted Stock Units	\$0.00	02/16/2013		М			2,215	02/16/2013	02/15/2022	Common Stock	2,215	\$0.00	4,430	D	
Stock Options (Right to Buy)	\$25.13							05/25/2005	05/25/2014	Common Stock	10,000		10,000	D	
Stock Options (Right to Buy)	\$27.71							01/03/2006	01/03/2015	Common Stock	5,000		5,000	D	
Restricted Stock Units	\$0.00							02/24/2011	02/23/2020	Common Stock	1,377		1,377	D	
Restricted Stock Units	\$0.00							02/23/2012	02/22/2021	Common Stock	2,459		2,459	D	
Stock Units (SU)	\$0.00							(2)	(2)	Common Stock	10,006.5795		10,006.5795	D	

Explanation of Responses:

1. The security converts to common stock on a one-to-one basis.

2. The Stock Units were accrued under the Company's Directors' Fees Deferral Plan and are settled 100% in the Company's common stock upon cessation as a director or upon a date specified by the director. Remarks:

Christopher G. Cobb, Attorney

Jr.

in Fact for H. Mitchell Watson, 02/20/2013

** 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 contained in this form are not required to respond unless the form displays a currently valid OMB Number.