SEC Form 4	
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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287
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	ions may conti tion 1(b).	nue. See						es Exchar			34		hours	s per res	sponse:	0.5	
1. Name and Address of Reporting Person [*] FRY JOHN A						or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC [CYH]							ck all applic Director	able) r	, 10% C		Owner
(Last) (First) (Middle) 4000 MERIDIAN BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 02/24/2010							Officer below)	(give title		Other (below)	specify	
(Street) FRANK (City)	LIN T (S		4. If Am	endmen	t, Date c	of Original	Filed	(Month/Da	ıy/Yea	ar)	6. Ind Line)	Form fi	led by One led by Mo	e Repo	(Check Ap orting Perso One Repo	n	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date					Saction 2A. Deemed Execution Date, if any (Month/Day/Yea		Transaction Dispose Code (Instr.		4. Securi Dispose	rities Acquired (A ed Of (D) (Instr. 3,		l (A) or : 3, 4 and 5	Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
							Code	v	Amount (A) or (D)		Price	Transact	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock 02/2					25/2010		М		2,383	2,383 A		\$0.00 ⁽¹	14,086			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)	erivative Conversion Date Execution Date, Trecurity or Exercise (Month/Day/Year) if any C		Co	ansaction Derivative Ex ode (Instr. Securities (N		Expiratio	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficia Owned Followin Reported Transact	ve es ally Ig d	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
									Amount or Number		(Instr. 4)						

Expiration

(2)

(3)

05/25/2014

01/03/2015

Title

Common

Stock

Common

Stock

Common

Stock

Common

Stock

Date

Explanation of Responses:

\$0.00

\$0.00

\$25.13

\$27.71

02/25/2010

02/24/2010

1. The first vesting period for the Phantom Stock Award (reported in Table II) has passed. Accordingly, 1/3 of the total number of the Award (2,383) is issued to the Reporting Person as 2,383 shares of the Common Stock of the Company.

2. The Phantom Stock Award vests in 1/3 increments on the first, second and third anniversary of the date of grant (2/25/09). Upon vesting, the Reporting Person will be issued that number of shares of Common stock of the Company.

Date

Exercisable

02/25/2010⁽²⁾

02/24/2011⁽³⁾

05/25/2005

01/03/2006

3. The Restricted Stock Units vest in 1/3 increments on the first, second and third anniversary date of the date of grant (2/24/2010). Upon vesting, the Reporting Person will be issued that number of shares of the Common Stock of the Company.

Remarks:

Phantom Stock

Restricted

Stock Units

Stock Options

Buy) Stock Options (Right to

Buy)

(Right to

Rachel A. Seifert, Attorney in

Fact for John A. Fry

of

Shares

2,383

4,130

10,000

5,000

\$0.00

\$0.00

4,768

4,130

10,000

5,000

D

D

D

D

02/26/2010

** 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).

Code V

Μ

A

(A)

4,130

(D)

2.383

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.