SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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 OMB APPROVAL
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1. Name and Address of Reporting Person* HAMMONS KEVIN J						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>COMMUNITY HEALTH SYSTEMS INC</u> [ <u>CYH</u> ]									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								t Trans	saction (M	onth/	Day/Year)		below)		P and	below)	ыреспу			
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
FRANKL																X Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(Sta	ate) (Z	Zip)		Person															
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	es Ac	quired,	Dis	posed o	f, or	Bene	eficiall	y Owned	l				
Date				2. Transa Date (Month/D		r) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disp Code (Instr.			ecurities Acquired (A) posed Of (D) (Instr. 3, 4			Beneficia Owned F	es ally Following	Form (D) of	n: Direct r Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(/ (I	A) or D)	Price	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)	
Common S	Stock			02/27	/2016				F		2,072		D	\$15.1	2 44,	44,129		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 Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,		I. 5. Number 6 Fransaction of E Code (Instr. Derivative (I			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amc of Securities Underlying Derivative Secu (Instr. 3 and 4)		s ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title		Amount or Jumber of Shares						
Stock Options (Right to Buy)	\$32.28								02/27/20	09	02/26/2018	Com Sto		1,500		1,500	)	D		
Stock Options (Right to Buy)	\$33.9								02/24/20	11	02/23/2020	Com Sto		1,000		1,000	)	D		
Stock Options (Right to Buy)	\$37.96								02/23/20	12	02/22/2021	Com Sto		1,000		1,000	)	D		
Stock Options (Right to Buy)	\$21.07								02/16/20	13	02/15/2022	Com Sto		4,000		4,000	)	D		
Performance Based Restricted	\$0.00								(1)		(1)	Com Sto		13,333		13,33	4	D		

Explanation of Responses:

1. 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 award was granted on 3/01/14. The performance target on the remaining portion of the award may be met in whole or in part in the second year following the grant. 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:

<u>Christopher G. Cobb, Attorney</u> <u>in Fact for Kevin J. Hammons</u> 03/01/2016

\*\* Signature of Reporting Person Date

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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.