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									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

1. Name and Address of Reporting Person* CLERICO JOHN A						2. Issuer Name and Ticker or Trading Symbol <u>COMMUNITY HEALTH SYSTEMS INC</u> [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
						СҮН]									X Directo			10% O		
(Last) (First) (Middle)															Officer below)	(give title		Other (below)		
4000 MERIDIAN BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 02/12/2013														
4000 1011														_						
(Street)					4.	If Am	endme	nt, Date	of Original	Filed	(Month/Da	ay/Yea	ır)	6. Ir	ndividual or J	loint/Group	o Filing	g (Check A	plicable	
FRANK	LIN T	N	37067												,	led by One	e Repo	orting Perso	on	
														Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)												Persor	l				
		Tat	ble I - Noi	n-Deriv	ativ	e Se	ecurit	ies Ac	quired,	Dis	posed o	of, or	Bene	ficiali	y Owned					
1. Title of	Security (Ins	tr. 3)		2. Trans Date	action	ו י	2A. De Execu	emed tion Date	3. Transa	ction	4. Securit Disposed	ties Ao I Of (D	quired () (Instr. 3	A) or 8. 4 and) or 5. Amount of 4 and Securities			wnership n: Direct	7. Nature of Indirect	
				(Month/I	Day/Ye	ear)	if any (Month/Day/Year)		Code (Instr.					,	Benefici	cially		or Indirect Instr. 4)	Beneficial Ownership	
												(A) or			Reported Transaction(s)		() ((Instr. 4)	
									Code	v	Amount	Amount (D) F		Price	(Instr. 3					
Common	Stock			02/12	2/201	3			М		10,00	0	A	\$18.0	3 61	133		D		
			Table II -	Deriva	tivo	Sec	uritia		uired C	ien	h head	or F	Ronofi	cially	Owned					
				(e.g., p	uts,	cal	ls, wa	arrants	s, optior	isp is, c	onverti	ble s	ecurit	ies)	owned					
1. Title of	2.	3. Transaction	3A. Deeme	1	4.			umber	6. Date Ex			1	le and A		8. Price of	9. Numbe	r of	10.	11. Nature	
Derivative Security	Conversion or Exercise	se (Month/Day/Year)	Execution if any (Month/Day			ransaction Code (Instr.)				n Date ay/Ye				Derivative Security	derivative Securities		Ownershi	of Indirect Beneficial		
(Instr. 3)	Price of Derivative			y/Year) 8	3)									(Instr. 5)	Beneficially Owned Following Reported		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
	Security						(A) or Disposed				, í			,						
							of (i	D) (Instr. and 5)							Transac (Instr. 4)		on(s)			
				H			-, .						mount		()					
													0							
					0			(5)	Date		Expiration		of							
					Code	v	(A)	(D)	Exercisat	ne i	Date	Title		nares						
Stock Options	\$18.03	02/12/2013			м			10,000	02/25/200)2/25/2013	Com	mon 1	0.000	\$0.00	0		D		
(Right to Buy)	\$10.05	02/12/2013			IVI .			10,000	02/23/200	~ `	2/23/2013	Sto	ck	0,000	φ0.00					
Stock							+												+	
Options	\$26.95								01/02/200)5)1/02/2014	Com		5,000		5,000		D		
(Right to Buy)												Sto	СК							
Stock									İ										1	
Options (Right to	\$27.71								01/03/200	6	01/03/2015	Com Sto		5,000		5,000)	D		
Buy)													cii							
Restricted												Com	mon 4	.,377			_			
Stock Units	\$0.00								02/24/20:)2/23/2020	Sto	ck	.,377		1,377	′	D		
Restricted			1									Com	mon						1	
Stock Units	\$0.00								02/23/203	12	02/22/2021	Sto		,459		2,459)	D		
Restricted						-			<u> </u>			-	-+							
Stock	\$0.00			- 1					02/16/203	13	2/15/2022	Com Sto		6,645		6,645	5	D		

Explanation of Responses:

Remarks:

<u>Christopher G. Cobb, Attorney</u> <u>in Fact for John Clerico</u>

02/12/2013

** 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.