FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number: 3235-028									
l	Estimated average burden									
l	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).

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* Williams Hubert James (Last) (First) (Middle) 4000 MERIDIAN BOULEVARD					2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC [CYH] 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2022							[(Che	Relationship of Reporting (Check all applicable) X Director Officer (give title below)			Person(s) to Issuer 10% Owner Other (specify below)		
(Street) FRANK	ANKLIN TN 37067				4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
			ble I - Non			_		1	Dis									
1. Title of Security (Instr. 3) 2. Tran Date (Month					action 2A. Deemed Execution Date, if any (Month/Day/Year)				es Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amoun Securities Beneficia Owned Fo Reported	s illy ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	ion(s)			iiisu. 4)	
Common Stock 03/						/2022		М		11,356	56 A \$0		103	103,168		D		
			Table II - [osed of, o			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	te, Trai	nsaction le (Insti	5. Num Derivat Securit Acquire Dispos	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4			isable and	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported	e O es Fe ally D o g (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Coo	le V	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares		Transacti (Instr. 4)	ion(s)			
Restricted Stock Units	\$0.00	03/01/2022		М			11,356	(2)		(2)	Common Stock	11,356	\$0.00	0		D		
Restricted Stock Units	\$0.00	03/01/2022		A		17,682		(2)		(2)	Common Stock	17,682	\$10.18	17,68	32	D		
Restricted Stock Units	\$0.00							(3)		(3)	Common Stock	34,483		34,483		D		
Restricted Stock Units	\$0.00							(3)		(3)	Common Stock	19,296		19,29	96	D		

Explanation of Responses:

- 1. The security converts to common stock on a one-to-one basis.
- 2. The Restricted Stock Units vest in 1/3 increments on the first, second and third anniversary date of the date of the grant. Upon vesting, the Reporting Person will be issued that number of shares of the Common
- 3. The Restricted Stock Units vest in 1/3 increments on the first, second and third anniversary of the date of grant. Based on the Reporting Person's prior deferral election pursuant to the terms of the award agreement, the Reporting Person will be issued that number of shares of the Common Stock of the Company upon the Reporting Person's cessation as a director or upon a date specified by the Reporting Person.

Remarks:

Christopher G. Cobb, Attorney in Fact for Hubert James

03/02/2022

Williams

** 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.