FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN RENEEICIAL | OWNERSHI |
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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* NORTH JULIA B | | | | | 2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC [CYH] | | | | | | | | | | k all applica Director | able) | g Perso | 10% Ow | /ner | |
|---|---|-------------------|--|----------------------------------|--|---|--|--------|--------------|---------------------------------|--|------------------|-----------------|--|--|--|---|--|--|--|
| (Last) 4000 ME | • | irst) OULEVARD | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2009 | | | | | | | | | | below) | (give title | | Other (s below) | респу | |
| (Street) FRANKLIN TN 37067 (City) (State) (Zip) | | | | 4. | Line) X Form filed | | | | | | | | | | | oint/Group Filing (Check Applicable ed by One Reporting Person ed by More than One Reporting | | | | |
| (0.0) | | | ble I - Non | -Deriv | ativ | re Se | ecurities | s Ac | qui | red, [| Disp | osed c | of, or Be | nefic | ially | Owned | | | | |
| Da | | | Date | ransaction e nth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | e, T | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | and Securities Beneficial Owned Fo | | lly | Form | Direct Indirect I | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | 7 | Code | v | Amount | (A) o | r Pr | ice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock | | | | | | | | | | | | | 21,000 | | | D | | | | |
| | | | Table II - D | | | | | | | | | | or Bendele | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Dat if any (Month/Day/Yo | Co | | ction nstr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expi | ate Exe iration I nth/Day | Date | of Securities | | Derivativ Security | | 9. Number derivative Securities Beneficia Owned Following Reported Transacti | e Owners Form Direct or Inc. (I) (Inc.) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode | v | (A) | (D) | Date Exer | e rcisable | | kpiration ate | Title | Amou or Numl of Sh | oer | | (Instr. 4) | | | |
| Stock Units (SU) | \$0.00 ⁽¹⁾ | 06/30/2009 | | 1 | A | | 792.079 | | | (2) | | (2) | Common Stock | 792. | .079 | \$0.00 | 5,085.7 | 91 | D | |
| Phantom Stock | \$18.18 | | | | | | | | | (3) | | (3) | Common Stock | 7,1 | 51 | | 7,15 | 1 | D | |
| Stock Options (Right to Buy | \$27.86 | | | | | | | | 12/1 | 14/2005 | 12 | 2/14/2014 | Common Stock | 10,0 | 000 | | 10,00 | 0 | D | |

Explanation of Responses:

- 1. The security converts to common stock on a one-to-one basis.
- 2. The SU 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.
- 3. The Phantom Stock Award vests in 1/3 increments on the first, second and third anniversary of the date of grant. Upon vesting, the holder will be issued that number of shares of Common stock of the Company.

Remarks:

Rachel A. Seifert, Attorney in

07/01/2009

** 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.