Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|
| |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* WATSON H MITCHELL JR (Last) (First) (Middle) 4000 MERIDIAN BOULEVARD | | | | | | 2. Issuer Name and Ticker of Tracing Symbol COMMUNITY HEALTH SYSTEMS INC [CYH] 3. Date of Earliest Transaction (Month/Day/Year) 03/30/2007 | | | | | | | | eck all appli X Directo Officer below) | cable) or (give title | y Perso | 10% Ow Other (sp below) | ner |
|--|---|--|--|---------|---|---|--|------|---|------|--|-----------------|--|--|--|---------|--|---|
| (Street) FRANKLIN TN 37067 (City) (State) (Zip) | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tak | ole I - Non | -Deriv | ativo | e Se | curities | s Ac | quired, I | Disp | osed o | of, or Be | neficial | ly Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | Beneficia Owned F | es ally Following | Form: | Direct of Indirect Estr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | ount (A) or (D) | | Transact | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock | | | | | | | | | | | | | | 9, | 000 | D | | |
| | | - | Table II - I (| | | | | | uired, Di s, option | | | | | 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 D if any (Month/Day) | Date, T | 4. Transaction Code (Instr. 8) | | 5. Number | | 6. Date Exercisal Expiration Date (Month/Day/Year | | able and 7. Title and of Securi | | g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | C | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amount or Number of Shares | | | | | |
| Stock Units (SU) | \$0.00 ⁽¹⁾ | 03/30/2007 | | | A | | 354.61 | | (2) | | (2) | Common Stock | 354.61 | \$35.25 | 3,471.11 | 18 | D | |
| Stock Options (Right to Buy) | \$25.13 | | | | | | | | 05/25/2005 | 5 0! | 5/25/2014 | Common Stock | 10,000 | | 10,000 | | D | |
| Stock Options (Right to | \$27.71 | | | | | | | | 01/03/2006 | 5 0: | 1/03/2015 | Common | 5,000 | | 5,000 | | 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.

Remarks:

Rachel A. Seifert, Attorney in Fact for H. Mitchell Watson

04/03/2007

** 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.