FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
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

	nd Address of an K Ran		2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC CYH ]								tionship of F all applicab Director		g Person(s) to Issuer 10% Owner						
(Last) (First) (Middle) 4000 MERIDIAN BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 09/30/2022								-	Officer (g below)	ive title		Other (s below)	pecify	
(Street) FRANKLIN TN 37067					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					
(City)	y) (State) (Zip)															.9			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Trans Date (Month/					action 2A. Deemed Execution D if any (Month/Day/		Date	Code (	Transaction Dispose		rities Acquired (A) o ed Of (D) (Instr. 3, 4			5. Amount Securities Beneficially Following Reported		Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A)	or	Price	Transaction(s) (Instr. 3 and 4)				(	
Common Stock														109,1	,143		D		
			Table II - De			ecurities alls, warr								med					
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/Year)	4. Transa Code ( 8)	action Derivative Expiration Date Se (Instr. Securities (Month/Day/Year) De				7. Title a Securitie Derivativ (Instr. 3 a	s Und e Sec	erlying	8. Price of Derivative Security (Instr. 5) Benefic Owned Following Reports		ive Ownershi ies Form: cially Direct (D) or Indirect ng (I) (Instr. 4		Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title		ount or nber of ires	nt or (Inst					
Stock Units (SU)	\$0.00	09/30/2022		A		15,186.916		(1)		(1)	Common Stock	15,	186.916	\$2.14	26,591	.578	D		
Restricted Stock Units	\$0.00							(2)		(2)	Common Stock	3	34,483		34,4	83	D		
Restricted Stock Units	\$0.00							(2)		(2)	Common Stock	1	19,296		19,2	96	D		
Postricted																			

## **Explanation of Responses:**

\$0.00

- 1. The Stock Units were accrued under the Company's Directors' Fees Deferral Plan in lieu of a portion of the Reporting Person's Director Fees and are settled 100% in the Company's common stock on the last business day of the calendar quarter following cessation as a director or upon a date specified by the Reporting Person.
- 2. 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 K. Ranga Krishnan

17,682

09/30/2022

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\*\* 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.