FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C. 20549
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OMB APPROVAL							
OMB Number:	3235-0287						
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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 (Last) (First) (Middle)				1	2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC CYH]									ck all applica Director	tionship of Reporting all applicable) Director Officer (give title		10% Ow Other (s below)	ner	
(Last) 4000 MI	۱) ERIDIAN B		3. Date of Earliest Transaction (Month/Day/Year) 06/30/2010									below)			below)				
(Street) FRANK	LIN T	N	37067		4. If Amendment, Date of Original Filed (Mon					Month/Da	ıy/Yeaı	r)	6. In Line	1	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person				
(City)	(5	State)	(Zip)											Form filed by More than One Reporting Person				ing	
		T	able I - Non-	Deriva	tive S	ecuritie	s Ac	quired,	Disp	osed c	of, or	Ben	eficially	Owned					
1. Title of Security (Instr. 3)			1	2. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		e, Transaction D		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
							v	Amount	ount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Common Stock													23,3	23,383		D		
			Table II - D					uired, Di s, option	•		•		-	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ersion crcise (Month/Day/Year) of ative (Month/Day/Year) ative (Month/Day/Year) Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Code (Instr. 8) Acquired (A) or Disposed Code (Instr. 8) Code (I				6. Date Exe Expiration (Month/Day					Jnderlying Security	8. Price of Derivative Security (Instr. 5)		e s ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	- 1	Amount or Number of Shares		(Instr. 4)				
Stock Units (SU)	\$0.00	06/30/2010		A		665.4836		(1)		(1)	Com Sto		665.4836	\$33.81	7,548.7	034	D		
Stock Options (Right to Buy	\$27.86							12/14/2005	5 12	2/14/2014	Com Sto		10,000		10,00	00	D		
Restricted Stock Units	\$0.00							02/24/2011		(2)	Com Sto		4,130		4,13	0	D		
Phantom		l				I		l (2)		(2)	Com	mon	4.760	I	1.70	.	ь.	1	

Explanation of Responses:

- 1. 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.
- 2. The Restricted Stock Units vest in 1/3 increments on the first, second and third anniversary date of the date of grant (2/24/2010). Upon vesting, the Reporting Person will be issued that number of shares of the Common Stock of the Company
- 3. The Phantom Stock Award vests in 1/3 increments on the first, second and third anniversary of the date of grant (2/25/09). Upon vesting, the Reporting Person will be issued that number of shares of Common stock of the Company.

Remarks:

Stock

Rachel A. Seifert, Attorney in Fact for Julia B. North

07/01/2010

** 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.