FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								

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

(Last) 155 FRA SUITE 4 (Street)	155 FRANKLIN ROAD SUITE 400 (Street) BRENTWOOD TN 37027						2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC CYH 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2005 4. If Amendment, Date of Original Filed (Month/Day/Year)										S. Relationship of Reporting Person(s) to Issuer Check all applicable) X Director 10% Owner Officer (give title Other (specify below) S. Individual or Joint/Group Filing (Check Applicable line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/L					action	ar)	2A. Dee Execution if any (Month/	med on Dat	3. Transaction Code (Instr.			4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			(A) or	or 5. Amou and Securitie Benefici		nt of es ally -ollowing	Forn (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock				02/28	3/2005	5				Code	v	Amount	(1	() or () A	Price \$0	Transac (Instr. 3		tion(s)		D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)				Transa Code (I	ansaction of ode (Instr. Derivative				6. Date Exercisable and Expiration Date (Month/Day/Year)				7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)			rice of ivative urity tr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	e rcisable		piration te	Title	or No of	umber						
Stock Options (Right to buy)	\$25.13								05/2	25/2005	05	/25/2014	Comm Stock		0,000			10,000)	D	
Stock Options (Right to buy)	\$27.71								01/0	03/2006	01	/03/2015	Comm Stock		5,000			5,000		D	

Explanation of Responses:

Rachel A. Seifert, Attorney in

Fact

** Signature of Reporting Person

Date

02/28/2005

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.