FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* JENNINGS WILLIAM NORRIS					<u>CO</u>	2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC CYH								elationship eck all applic Directo	tor		10% Owner	
(Last) (First) (Middle) 4000 MERIDIAN BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 03/01/2017								Officer below)	(give title		Other (s	specify	
(Street) FRANKLIN TN 37067 (City) (State) (Zip)				4. If A										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-Deriv 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)					tion	on 2A. Deemed Execution Date,			3. Transac Code (Ir 8)	tion	4. Securitie Disposed (and 5)	es Acquir	ed (A) or	5. Amou Securitie Benefici Owned	int of es ally		: Direct	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Following (Insert Insert Inser			. 4)	(Instr. 4)
Common Stock 03/01/2				2017	017			M		1,474	A	\$0.000	32,	441		D		
Common Stock 03/01/2				2017)17			M		1,430	A	\$0.000	1) 33,	,871		D		
Common Stock 03/01/20				2017	017		M		4,495	A	\$0.000	38,	366 D		D			
			Tab								sed of, or onvertible			wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execut if any	3A. Deemed Execution Date,		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Restricted Stock Units	\$0.00	03/01/2017			M			1,474	03/01/2	015	02/29/2024	Common Stock	1,474	\$0.00	0		D	
Restricted Stock Units	\$0.00	03/01/2017			M			1,430	03/01/2	016	02/28/2025	Common Stock	1,430	\$0.00	1,429		D	
Restricted Stock Units	\$0.00	03/01/2017			M			4,495	03/01/2	017	02/28/2026	Common Stock	4,495	\$0.00	8,989		D	
Restricted Stock Units	\$0.00	03/01/2017			A		18,498		03/01/20	18 ⁽²⁾	02/28/2027	Common Stock	18,498	\$9.19 ⁽¹⁾	18,49	8	D	

${\bf Explanation\ of\ Responses:}$

- 1. The security converts to common stock on a one-to-one basis.
- 2. The Restricted Stock Units vest in 1/3 increments on the first, second and third anniversary date of the date of grant. Upon vesting, the Reporting Person will be issued that number of shares of the Common Stock of the Company.

Remarks:

NOTE: The number of restricted stock units for each award listed on Table II granted prior to April 29, 2016, was adjusted pursuant to the Employee Matters Agreement between the Issuer and Quorum Health Corporation ("QHC"), dated as of April 29, 2016, to preserve the aggregate intrinsic value of the original award as a result of the spin-off from the Issuer of QHC, effective April 29, 2016.

<u>Christopher G. Cobb, Attomey</u> <u>in Fact for William Norris</u> 03/02/2017 <u>Jennings</u>

** Signature of Reporting Person Da

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	n contained in this form are not requi	red to respond unless the form display	ys a currently valid OMB Number.