FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
vvasiliigtoii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
L	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

					T.									T			-			
1. Name and Address of Reporting Person* LOPEZ FAWN D				2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
LOPEZ	FAWN.	<u>D</u>				CYH]							X	Directo	r		10% Ow	/ner		
					·								-	Officer (give title below)			Other (s below)	pecify		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/01/2024							below)			Delow)				
4000 ME	ERIDIAN B	OULEVARD			-									1						
					- 4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Inc	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X	X Form filed by One Reporting Person					
FRANK!	LIN T	N ————————————————————————————————————	37067		-									Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)		Rı	Rule 10b5-1(c) Transaction Indication								'						
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to														
					╝	satisfy the affirmative defense conditions of Rule 10b5-1(c). See Insti							struction	ruction 10.						
		Tab	ole I - Nor	ı-Deriv	vative	e Se	curities	s Ac	quired,	Dis	posed c	f, or B	ene	ficially	/ Owned					
1. Title of S	Security (Ins	tr. 3)		2. Trans	saction				4. Securities Acquired (A)								wnership 7. Nature			
Date (Month/D						Execution Date, if any		e, Transaction Code (Instr				3, 4 and	Securitie Beneficia				of Indirect Beneficial			
			ļ ·			(Month/Day/Year				<u>L</u>			Owned F		(l) (ln		Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or	Price	Transact (Instr. 3 a	action(s)			(
Common Stock													0			D				
	41	to Consulting Appropriate Dispensed of an Paraffelally Owned																		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of 2. 3. Transaction 3A. Deemed					4.				6. Date Exercisable and 7. Title and Amo			8. Price of	9. Numbe		10.	11. Nature				
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution I		Transaction Code (Instr.				Expiration Date of Securitie (Month/Day/Year) Underlying			ng	- 1		derivative Securities	s	Ownership Form:	of Indirect Beneficial		
(Instr. 3)											Beneficia Owned		Direct (D) or Indirect	Ownership (Instr. 4)						
	Security (Mod Carlot Ca									′		Following Reported		(I) (Instr. 4)	(
							nstr. I 5)						Transaction(s)							
				-			1,	,		$\overline{}$		Δr	nount		' '					
								ΙI					or							
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	of							
Restricted							<u> </u>			\top		Commoi	\top							
Stock Units	\$0	06/01/2024			Α		62,718		(1)		(1)	Stock	' 62	2,718	\$3.96	62,71	8	D		

Explanation of Responses:

1. 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 common stock of the Company upon the Reporting Person's cessation as a director or upon a date specified by the Reporting Person.

Christopher G. Cobb, Attorney in Fact for Fawn D. Lopez

** Signature of Reporting Person

06/03/2024

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.