FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	JVAL
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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*  BUFORD T MARK						2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC [ CYH ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify				
(Last) 155 FRA SUITE 40	5 FRANKLIN ROAD					3. Date of Earliest Transaction (Month/Day/Year) 11/14/2003										^ below			below)	
(Street)	VOOD T		37027 (Zip)		4. 11	Line) X Form filed											Joint/Group Filing (Check Applicable iled by One Reporting Person iled by More than One Reporting			
1. Title of Security (Instr. 3) 2. Trans. Date					action	2A. Deemed Execution Date,								d (A) or	5. Amou	ınt of	Forn	n: Direct	7. Nature of Indirect	
		(Month/I	Day/Ye		if any (Month/Day/Year)		ar)   8	Code (Instr. 8)		Amount (A) or		Price	Benefic Owned Reporte Transac (Instr. 3	Following ed etion(s)		nstr. 4)	Beneficial Ownership (Instr. 4)			
Common	11/14	4/2003		11/14/2003		3	M		5,788	-	A	\$6.9	<u> </u>	36,436		D				
Common Stock 11/1					7/2003		11/1	11/17/2003		D		5,788	3	D	\$25.8	5 30	30,648		D	
		٦	Table II -									osed of onverti				Owned			·	
	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code ( 8)	ransaction ode (Instr.		n of		6. Date Exerciss Expiration Date (Month/Day/Yea			7. Title and Ame of Securities Underlying Derivative Secu (Instr. 3 and 4)		es Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	Date Exercisable		xpiration ate	Title		Amount or Number of Shares					
Stock Options (Right to buy)	\$6.99	11/14/2003	11/14/2	2003	M			5,788	01/0	)2/1998	3 0	1/02/2007	Com Sto	mon ock	5,788	\$26.19	0		D	
Stock Options (Right to buy)	\$13								06/0	08/2001	L 0	5/08/2010	Com Sto	mon ock	30,000		30,000	0	D	
Stock Options (Right to buy)	\$20.3								05/2	22/2004	1 0	5/22/2013	Com		70,000		70,000	0	D	

**Explanation of Responses:** 

Rachel A. Seifert, Attorney in

\*\* Signature of Reporting Person

**Fact** 

11/17/2003

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.