FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL |
|------------------------|-----------|
| 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

| Name and Address of Reporting Person* CLERICO JOHN A | | | | | | 2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC CYH] | | | | | | | | | | neck all app | tor | ng Per | 10% Ov | wner | |
|---|---|--|---|-------------|------------------------------|---|---|------|---|-------|--------------|------------|---|----------------|--|--|--|---|--|--|--|
| (Last) 4000 ME | ast) (First) (Middle) 000 MERIDIAN BOULEVARD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/25/2007 | | | | | | | | | | Officer (give title below) | | Other (s below) | specify | |
| (Street) FRANKLIN TN 37067 | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Lin | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Si | | (Zip) | a Doris | entive | | viti. | oo A | oguiro. | Di | one | | of or [| | ficial | Ily Own | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | 2 Ear) if | 2A. Deemed Execution Date, f any Month/Day/Year | | 3. Transactio | | 4. Securi | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | A) or | 5. Amo Securi Benefi Owned | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | 4 | mount | (A) or (D) | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common | Stock | | 5/2007 | /2007 | | | A | | | 10,00 | 00 | A | \$0.0 | 0 2 | 7,000 | | D | | | | |
| | | Т | able II - | | | | | | quired, s, optic | | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | ed Date, | 4. Transa Code (8) | ction | 5. Number of | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expi Date | ration | Title | or Nu of | ımber | | | | | | |
| Stock Options (Right to Buy) | \$18.03 | | | | | | | | 02/25/20 | 04 | 02/2 | 5/2013 | Commo Stock | n | 0 | | 10,000 |) | D | | |
| Stock Options (Right to Buy) | \$26.95 | | | | | | | | 01/02/20 | 05 | 01/0 | 2/2014 | Commo Stock | n | 0 | | 5,000 | | D | | |
| Stock Options (Right to | \$27.71 | | | | | | | | 01/03/20 | 06 | 01/0 | 3/2015 | Commo Stock | n | 0 | | 5,000 | | D | | |

Explanation of Responses:

Remarks:

Rachel A. Seifert, Attorney in Fact for John Clerico

07/27/2007

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).