FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D	D.C. 2054	9
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OMB APPROVAL

hours per response:

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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

1. Name and Address of Reporting Person* WATSON H MITCHELL JR (Last) (First) (Middle)				Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC [CYH] Indeed and Ticker or Trading Symbol CYH] 3. Date of Earliest Transaction (Month/Day/Year)										ck all applica	ıble)	g Perso	Person(s) to Issuer 10% Owner Other (specibelow)		
4000 MERIDIAN BOULEVARD					06/30/2010														
(Street)	LIN T	'N	37067		4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(5	State)	(Zip)										Person						
		Т	able I - Non	-Deriv	ative \$	Securitie	s Ad	cquire	d, D	isp	osed o	of, or E	Bene	ficially	Owned				
			2. Transa Date (Month/D		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Inst						and 5) Securities Beneficia Owned Fo		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								de V	,	Amount		() or ()	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Common Stock													10,0	10,050		D		
			Table II - I												wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year) SA. Deemed Execution Date, Transaction Derivative Securities Acquired Acquired Or Dispo			5. Number Derivative Securities Acquired or Dispos of (D) (Ins	ve Expiration Date (Month/Day/Year) Securities Under Derivative Securities (Instr. 3 and 4)					mount of derlying curity	unt of 8. Price of Derivative		er of e es ally g	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
				Cod	e V	(A)	(D)	Date Exercis	sable		cpiration ate	Title	Nu	mount or umber of nares		Transaction(s (Instr. 4)			
Stock Units (SU)	\$0.00	06/30/2010		A		665.4836		(1))		(1)	Commo		55.4836	\$33.81	8,595.1	184	D	
Phantom Stock	\$0.00							(2))		(2)	Commo		4,768		4,76	68 D		
Restricted Stock Units	\$0.00							02/24/	/2011		(3)	Commo		4,130		4,13	0	D	
Stock Options (Right to Buy)	\$25.13							05/25/	2005	05	5/25/2014	Commo Stock		10,000		10,00	00	D	
Stock Options	\$27.71							01/03/	2006	01	./03/2015	Commo	on	5,000		5,00	0	D	

Explanation of Responses:

- 1. The SU were accrued under the Company's Directors Fees Deferral Plan and are settled 100% in the Company's common stock upon cessation as a director or upon a date specified by the director.
- 2. The Phantom Stock Award vests in 1/3 increments on the first, second and third anniversary of the date of grant (2/25/09). Upon vesting, the Reporting Person will be issued that number of shares of Common stock of the Company.
- 3. The Restricted Stock Units vest in 1/3 increments on the first, second and third anniversary date of the date of grant (2/24/2010). Upon vesting, the Reporting Person will be issued that number of shares of the Common Stock of the Company.

Remarks:

Rachel A. Seifert, Attorney in Fact for H. Mitchell Watson, Jr.

07/01/2010

** Signature of Reporting Person

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.