FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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* HAMMONS KEVIN J							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 Officer (give title Other (specify below)			
(Last) (First) (Middle) 4000 MERIDIAN BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 02/27/2015								,		P and CAO	,	
(Street) FRANKLIN TN 37067 (City) (State) (Zip)						If Amendment, Date of Original Filed (Month/Day/Year) Control of Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person											son	
				n-Deriv	ative	Sec	uritia	25 A C	nuired	Dis	nosed of	or Ben	eficiall	v Owned				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						2A Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securit Transaction Code (Instr.		4. Securitie	ies Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)	
Common Stock 02/27.									F		2,098	D	\$48.5	30,769		D		
Common Stock 03/01/						2015			M		6,666	A	\$0.00	37,	435	D		
Common Stock 03/01/						2015			A		25,000	A	\$0.00	62,	,435	D		
Common Stock 03/01/						2015		F		5,594	D	\$48.5	2 56,	,841	D			
		Ta									osed of, convertib			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	ned n Date,	4. Transa Code (8)	ction	5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		sable and e	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Ownersh Form: Direct (D or Indirect (I) (Instr.	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares					
Performance Based Restricted	\$0.00	03/01/2015			M ⁽¹⁾			6,667	(1)		(1)	Common Stock	6,666	\$0.00	13,334	4 D		
Stock Options (Right to Buy)	\$40.41								07/25/200	08	07/24/2015	Common Stock	8,000		8,000	D		
Stock Options (Right to Buy)	\$32.28								02/27/200	09	02/26/2018	Common Stock	1,500		1,500	D		
Stock Options	\$33.9								02/24/20	11	02/23/2020	Common	1,000		1,000	D		
Right to Buy)									02/2 //20		02/23/2020	Stock	1,000		1,000			

Explanation of Responses:

\$37.96

\$21.07

1. The performance objectives governing these shares of Performance Based Restricted Stock have been met, and, accordingly, these shares will now be reported in Table 1 as directly owned shares of Restricted Stock. The restrictions lapse in 1/3 increments on the first, second and third anniversary of the date of grant.

02/23/2012

02/16/2013

Remarks:

Stock Options

Buy)
Stock
Options

(Right to

(Right to

Buy)

<u>Christopher G. Cobb, Attorney</u> in Fact for Kevin J. Hammons

1,000

4,000

Common

Stock

Common

Stock

02/22/2021

02/15/2022

03/02/2015

1.000

4,000

D

D

** 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.