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COMMUNITY HEALTH SYSTEMS INC

Form 4 March 15, 2006

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Number: January 31, Expires: 2005

0.5

OMB APPROVAL

Form 4 or Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

burden hours per response...

Estimated average

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * SEIFERT RACHEL A	2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC [CYH]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 7100 COMMERCE WAY, SUITE 100	3. Date of Earliest Transaction (Month/Day/Year) 03/14/2006	Director 10% Owner Officer (give title Other (specify below) Senior VP and Secretary			
(Street) BRENTWOOD, TN 37027	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person			

(City)	(State) (2	Table	I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	ly Owned
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securities insactionAcquired (A) or			5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	1 '		Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(Month/Day/Teal)	(Ilisti. 6)	(,		Following	(Instr. 4)	(Instr. 4)	
					(A)		Reported Transaction(s)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	03/14/2006	03/14/2006	M	7,500	A	\$ 13	55,991	D	
Common Stock	03/15/2006	03/15/2006	S	7,500	D	\$ 39	48,491	D	
Common Stock	03/15/2006	03/15/2006	S	2,500	D	\$ 39	45,991	D	

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

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displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8		5. Number proof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		of Derivative Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (Right to Buy)	\$ 13	03/14/2006	03/14/2006	M			7,500	06/08/2001	06/08/2010	Common Stock	7,500
Stock Options (Right to Buy)	\$ 20.3							05/22/2004	05/22/2013	Common Stock	0
Stock Options (Right to Buy)	\$ 32.37							02/28/2006	02/28/2013	Common Stock	0
Stock Options (Right to Buy)	\$ 38.3							03/01/2007	03/01/2014	Common Stock	0

Reporting Owners

Reporting Owner Name / Address	Relationships								
1 0	Director	10% Owner	Officer	Other					
SEIFERT RACHEL A 7100 COMMERCE WAY SUITE 100 BRENTWOOD, TN 37027			Senior VP and Secretary						

Reporting Owners 2

Signatures

/s/ Rachel A. 03/15/2006 Seifert

**Signature of Date
Reporting Person

Explanation of Responses:

- * 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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