#### Edgar Filing: COMMUNITY HEALTH SYSTEMS INC - Form 4

#### COMMUNITY HEALTH SYSTEMS INC

Form 4 March 02, 2015

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** OMB

3235-0287 Number:

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if no longer subject to Section 16. Form 4 or Form 5

Check this box

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

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \* Ely James S. III

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

**COMMUNITY HEALTH** SYSTEMS INC [CYH]

3. Date of Earliest Transaction

(Check all applicable) X\_ Director 10% Owner

(Last) (First) (Middle)

(Street)

(State)

(Month/Day/Year) 02/27/2015

\_ Other (specify Officer (give title below)

4000 MERIDIAN BLVD

(Zip)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

FRANKLIN, TN 37067

(City)

(City)	(State) (Z	Zip) Table	I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed	of, or Beneficia	lly Owned
1.Title of Security	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if		3. Transactio	4. Securities onAcquired (A) or			5. Amount of 6. Ownership Form: Direct	7. Nature of Indirect	
(Instr. 3)	(Wionau Bay, Tear)	any	Code	Disposed of (D)		Beneficially	(D) or	Beneficial	
		(Month/Day/Year)	(Instr. 8)	(Instr. 3,		5)	Owned Following Reported	Indirect (I) (Instr. 4)	Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Common Stock	02/27/2015		M	1,199	A	\$ 0 (1)	24,012	D	
Common Stock	03/01/2015		M	1,205	A	\$ 0 (1)	25,217	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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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. Transaction Code (Instr. 8)	5. Numb orDerivativ Securitie Acquired Disposed (Instr. 3, 5)	es d (A) or d of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amor Underlying Secur (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Am or Num of Sha
Restricted Stock Units	\$ 0	03/01/2015		M		1,205	03/01/2015	02/29/2024	Common Stock	1,
Restricted Stock Units	\$ 0	02/27/2015		M		1,199	02/27/2014	02/26/2023	Common Stock	1,
Restricted Stock Units	\$ 0	03/01/2015		A	3,504		03/01/2016(2)	02/28/2025	Common Stock	3,

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Transfer and an area area.	Director	10% Owner	Officer Other				
Ely James S. III 4000 MERIDIAN BLVD FRANKLIN, TN 37067	X						

### **Signatures**

Christopher G. Cobb, Attorney in Fact for James S. Ely 03/02/2015

\*\*Signature of Reporting Person Date

## **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).
- (1) The security converts to common stock on a one-to-one basis.
- (2) The Restricted Stock Units vest in 1/3 increments on the first, second and third anniversary date of the date of grant. Upon vesting, the Reporting Person will be issued that number of shares of the Common Stock of the Company.

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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