Edgar Filing: COMMUNITY HEALTH SYSTEMS INC - Form 4

COMMUNITY HEALTH SYSTEMS INC Form 4 November 05, 2015

										PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check th if no long							Expires:	January 31, 2005			
subject to STATEMENT OF CHAN Section 16. Form 4 or				NGES IN BENEFICIAL OW SECURITIES				NERSHIP OF	Estimated a burden hour response	verage	
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type]	Responses)										
CLERICO JOHN A Symbol COMM			Symbol	2. Issuer Name and Ticker or Trading ymbol OMMUNITY HEALTH YSTEMS INC [CYH]				5. Relationship of Reporting Person(s) to Issuer			
								(Check all applicable)			
			of Earliest Transaction /Day/Year) 2015				X_ Director 10% Owner Officer (give title Other (specify below) below)				
Filed(Mor			endment, Date Original onth/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 				
FRANKLIN	N, TN 37067							Person	ore than One Rej	Jorning	
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Securi	ties Acqu	uired, Disposed of,	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)		Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	11/04/2015			Code V P	Amount 10,000	or (D) A	Price \$ 27.62	(Instr. 3 and 4) 95,217	D		

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form 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. Transacti Code (Instr. 8)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. P Der Sec (Ins
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	\$ 0					02/27/2014	02/26/2023	Common Stock	1,198	
Restricted Stock Units	\$ 0					03/01/2015	02/29/2024	Common Stock	2,409	
Restricted Stock Units	\$ 0					03/01/2016	02/28/2025	Common Stock	3,504	

Edgar Filing: COMMUNITY HEALTH SYSTEMS INC - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director 10% Owner		Officer	Other			
CLERICO JOHN A 4000 MERIDIAN BOULEVARD FRANKLIN, TN 37067	Х						
Signatures							
Christopher G. Cobb, Attorney in I Clerico	11/05/2015						
<u>**Signature of Reporting Pers</u>	Date						

**Signature of 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.