COMMUNITY HEALTH SYSTEMS INC

Form 4 April 04, 2005

FORM 4

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

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 OF **SECURITIES**

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

2. Issuer Name and Ticker or Trading

(Print or Type Responses)

(Last)

1. Name and Address of Reporting Person *

HUSSEY WILLIAM S

(First)

(Middle)

3. Date of Earliest Transaction

SYSTEMS INC [CYH]

COMMUNITY HEALTH

(Month/Day/Year) 02/24/2004

155 FRANKLIN ROAD, SUITE 400

(Street) 4. If Amendment, Date Original

Symbol

Filed(Month/Day/Year)

BRENTWOOD, TN 37027

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Director 10% Owner X_ Officer (give title Other (specify

below) below)

Executive Officer - Reporting

6. Individual or Joint/Group Filing(Check Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

(City) (State) (Zip)

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) (Instr. 3)

Execution Date, if (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

Code V Amount (D) Price

(A)

5. Amount of Securities Beneficially Owned Following Reported

Transaction(s) (Instr. 3 and 4)

Form: Direct (T) (Instr. 4)

7. Nature of Indirect (D) or Indirect Beneficial Ownership (Instr. 4)

6. Ownership

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.

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

1. Title of Derivative Conversion Security or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number of TransactionDerivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

Edgar Filing: COMMUNITY HEALTH SYSTEMS INC - Form 4

(Instr.	3)	Price of Derivative Security	•	(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed or (D) (Instr. 3, 4, and 5)	f			
					Code V	(A) (D)) Date Exercisable	Expiration Date	Title	Amount or Number of Share
Stock Option (Right buy)	ons	\$ 20.25					12/10/2003	12/10/2012	Common Stock	60,000
Stock Option (Right buy)	ons	\$ 20.3					05/22/2004	05/22/2013	Common Stock	90,000
Stock Optio (Right buy)	ons	\$ 23					05/22/2002	05/22/2011	Common Stock	10,000
Stock Option (Right (Right)	ons	\$ 27.29	02/24/2004		A	60,000	02/24/2005(1)	02/24/2014	Common Stock	60,000

Reporting Owners

Reporting Owner Name / Address	Relationships
reporting owner rame, reduces	

Director 10% Owner Officer Other

HUSSEY WILLIAM S 155 FRANKLIN ROAD SUITE 400 BRENTWOOD, TN 37027

Executive Officer - Reporting

Signatures

Rachel A. Seifert, Attorney in Fact 04/04/2005

**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) Option becomes exercisable in equal installments on the first, second and third anniversaries of the date of grant.

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.

Reporting Owners 2