#### JENNINGS WILLIAM NORRIS

Form 4

February 17, 2012

## FORM 4

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

OMB Number:

3235-0287

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

January 31, Expires: 2005

**OMB APPROVAL** 

Section 16. Form 4 or Form 5

**SECURITIES** 

Estimated average burden hours per response... 0.5

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * JENNINGS WILLIAM NORRIS		RIS Symbol	· · · · ·			5. Relationship of Reporting Person(s) to Issuer		
			COMMUNITY HEALTH SYSTEMS INC [CYH]			(Check all applicable)		
(Last)	(First) (Mi	, -, -,	3. Date of Earliest Transaction (Month/Day/Year)				ve title Oth	% Owner her (specify
4000 MERII	RD 02/16/20	02/16/2012			below)	below)		
(Street) 4. If Amer			endment, Date Original			6. Individual or Joint/Group Filing(Check		
Filed(Month			nth/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
FRANKLIN, TN 37067								
(City)	(State) (Z	Zip) Table	e I - Non-D	erivative S	Securities Ac	quired, Disposed	of, or Beneficia	lly Owned
1.Title of	2. Transaction Date		3.	4. Securi		5. Amount of	6. Ownership Form: Direct	7. Nature of
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any	n Date, if TransactionAcquired (A) or Code Disposed of (D)		Securities Beneficially	(D) or	Indirect Beneficial	
(,		(Month/Day/Year)	(Instr. 8)	(Instr. 3,	` ′	Owned	Indirect (I)	Ownership
			Code V	Amount	(A) or (D) Price	Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
Common Stock						13,143	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.

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

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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. Transactic Code (Instr. 8)	5. Number coof 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Number of Shares
Restricted Stock Units	\$ 0	02/16/2012		A	6,645	02/16/2013(1)	02/15/2022	Common Stock	6,645
Phantom Stock	\$ 0					02/25/2010	02/24/2020	Common Stock	2,383
Restricted Stock Units	\$ 0					02/24/2011	02/23/2020	Common Stock	2,754
Restricted Stock Units	\$ 0					02/23/2012	02/22/2021	Common Stock	3,688

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
JENNINGS WILLIAM NORRIS 4000 MERIDIAN BOULEVARD FRANKLIN, TN 37067	X					

## **Signatures**

Christopher G. Cobb, Attorney in Fact for William Norris Jennings

02/17/2012

\*\*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 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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