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

#### COMMUNITY HEALTH SYSTEMS INC

Form 4

February 24, 2014

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

OMB Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

3235-0287 January 31, Expires:

2005

**OMB APPROVAL** 

Form 4 or Form 5

**SECURITIES** 

Estimated average burden hours per response...

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

0.5

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* SEIFERT RACHEL A

2. Issuer Name and Ticker or Trading

Issuer

Symbol

COMMUNITY HEALTH SYSTEMS INC [CYH]

(Check all applicable)

5. Relationship of Reporting Person(s) to

(Last)

(First) (Middle) 3. Date of Earliest Transaction

Director 10% Owner X\_ Officer (give title Other (specify below)

4000 MERIDIAN BOULEVARD

(Street)

(Month/Day/Year) 02/23/2014

below) Executive VP and Secretary

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

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

6. Individual or Joint/Group Filing(Check

Person

FRANKLIN, TN 37067

(City) (State) (Zip)

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

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

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of 6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Beneficial Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4)

Reported Transaction(s)

V Amount (D) Price (Instr. 3 and 4)

Common 02/23/2014 Stock

F 3,654 D 41.89

(A)

143,696

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.

SEC 1474 (9-02)

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

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

8. Pri Deriv Secur (Instr

1. Title Derivat Security (Instr. 3	ive Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year) ivative urities quired or posed D) tr. 3,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 1 5 (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right Buy)	3 3 / / 1					02/28/2008	02/27/2015	Common Stock	7,500	
Stock Option (Right Buy)	* 40 41					07/25/2008	07/24/2015	Common Stock	20,000	
Stock Option (Right Buy)	N 1//X					02/27/2009	02/26/2018	Common Stock	10,000	
Stock Option (Right Buy)	N 1 X 1 X					02/25/2010	02/24/2019	Common Stock	7,500	
Stock Option (Right Buy)	* 11 9					02/24/2011	02/23/2020	Common Stock	7,500	
Stock Option (Right Buy)	3 4 / Uh					02/23/2012	02/22/2021	Common Stock	7,500	
Stock Option (Right Buy)	<b>N</b> / I II /					02/16/2013	02/15/2022	Common Stock	7,500	

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Reporting Owners 2

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

SEIFERT RACHEL A 4000 MERIDIAN BOULEVARD FRANKLIN, TN 37067

Executive VP and Secretary

## **Signatures**

Christopher G. Cobb, Attorney in Fact for Rachel A. Seifert

02/24/2014

\*\*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).

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.

Signatures 3