

Quorum Health Corp
Form 3
April 04, 2016

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting
Person *
Â COMMUNITY HEALTH
SYSTEMS INC

(Last) (First) (Middle)

4000 MERIDIAN
BOULEVARD

(Street)

FRANKLIN,Â TNÂ 37067

(City) (State) (Zip)

2. Date of Event Requiring
Statement
(Month/Day/Year)
04/04/2016

3. Issuer Name **and** Ticker or Trading Symbol
Quorum Health Corp [QHC]

4. Relationship of Reporting
Person(s) to Issuer

5. If Amendment, Date Original
Filed(Month/Day/Year)

(Check all applicable)

____ Director ____X__ 10% Owner
____ Officer ____ Other
(give title below) (specify below)

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 Beneficially Owned

1. Title of Security
(Instr. 4)

2. Amount of Securities
Beneficially Owned
(Instr. 4)

3. Ownership
Form:
Direct (D)
or Indirect
(I)
(Instr. 5)

4. Nature of Indirect Beneficial
Ownership
(Instr. 5)

Common stock, par value \$0.0001 per share 1,000 ⁽¹⁾

I

Held through CHS-QHC Bridge
Company, LLC ⁽²⁾

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security
(Instr. 4)

2. Date Exercisable and
Expiration Date
(Month/Day/Year)

3. Title and Amount of
Securities Underlying
Derivative Security

4. Conversion
or Exercise

5. Ownership
Form of

6. Nature of Indirect
Beneficial Ownership
(Instr. 5)

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(Instr. 4)				Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)
Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
COMMUNITY HEALTH SYSTEMS INC 4000 MERIDIAN BOULEVARD FRANKLIN, TN 37067	Â	Â X	Â	Â

Signatures

/s/ Jay H. Knight, Attorney in Fact for Rachel A. Seifert, EVP and Corporate Secretary

04/04/2016

Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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) This Form 3 is being filed in connection with the SEC's declaration of effectiveness of the Registration Statement on Form 10 of Quorum Health Corporation ("QHC"), which describes the planned separation of QHC from Community Health Systems, Inc. ("CHS").
These shares are owned indirectly through CHS-QHC Bridge Company, LLC, a Delaware limited liability company, which is a wholly-owned subsidiary of CHS/Community Health Systems, Inc., a Delaware corporation, which is a wholly-owned subsidiary of CHS.

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Remarks:

Exhibit 24: Power of Attorney

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.