#### **BUFORD T MARK**

Form 4 March 03, 2009

# FORM 4

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

OMB 3235-0287

Check this box if no longer subject to

Number: January 31,

**OMB APPROVAL** 

Section 16.
Form 4 or
Form 5
obligations

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per

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

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1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person ** BUFORD T MARK			2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
			COMMUNITY HEALTH SYSTEMS INC [CYH]	(Check all applicable)			
(Last) (First) (Middle) 4000 MERIDIAN BOULEVARD			3. Date of Earliest Transaction (Month/Day/Year)	Director 10% Owner _X Officer (give title Other (specify below)  Vice President and Controller			
			02/27/2009				
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
FRANKLIN, TN 37067			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I. Nov. Dood of Co. Co. Adv. A				

(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	1				5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
(Instr. 3)	•	any	Code (Instr. 3, 4 and 5)			Beneficially	(D) or	Beneficial	
		(Month/Day/Year)	(Instr. 8)			Owned	Indirect (I)	Ownership	
							Following	(Instr. 4)	(Instr. 4)
					(4)		Reported		
					(A)		Transaction(s)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	02/27/2009	02/27/2009	F	7,777	D	\$ 16.36	88,952	D	

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

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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. orNumber 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. Pri Deriv Secui (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (Right to Buy)	\$ 20.3					05/22/2004	05/22/2013	Common Stock	13,334	
Stock Options (Right to Buy)	\$ 32.37					02/28/2006	02/28/2013	Common Stock	20,000	
Stock Options (Right to Buy)	\$ 38.3					03/01/2007	03/01/2014	Common Stock	15,000	
Stock Options (Right to Buy)	\$ 37.21					02/28/2008	02/28/2015	Common Stock	7,500	
Stock Options (Right to Buy)	\$ 32.28					02/27/2009	02/26/2018	Common Stock	7,500	
Stock Options (Right to Buy)	\$ 40.41					07/25/2008	07/25/2015	Common Stock	15,000	
Stock Options (Right to Buy)	\$ 18.18					02/25/2010	02/25/2019	Common Stock	5,000	

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> Director 10% Owner Officer Other

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### Edgar Filing: BUFORD T MARK - Form 4

BUFORD T MARK 4000 MERIDIAN BOULEVARD FRANKLIN, TN 37067

Vice President and Controller

### **Signatures**

Christopher Cobb, Attorney in Fact for T. Mark Buford

03/03/2009

\*\*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.

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