#### **BUFORD T MARK**

Form 4

February 26, 2010

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB 3235-0287

**OMB APPROVAL** 

Number:

Expires:

January 31, 2005

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Check this box

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 may continue. 30(h) of the Investment Company Act of 1940

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* **BUFORD T MARK** 

4000 MERIDIAN BOULEVARD

(Street)

(State)

2. Issuer Name and Ticker or Trading

Symbol

**COMMUNITY HEALTH** SYSTEMS INC [CYH]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last)

(C:+-)

(First) (Middle)

(7:m)

3. Date of Earliest Transaction

(Month/Day/Year)

02/24/2010

4. If Amendment, Date Original

Filed(Month/Day/Year)

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

below) VP/Chief Accounting Officer

6. Individual or Joint/Group Filing(Check

Applicable Line)

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

Person

below)

FRANKLIN, TN 37067

(City)	(State)	Table	e I - Non-D	erivative S	Securi	ties Acqu	ired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securition(A) or Dis (Instr. 3, 4)	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	02/24/2010		A	25,000	A	\$0	90,993	D	
Common Stock	02/25/2010		F	3,945	D	\$ 33.48	87,048	D	

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

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# $\label{thm:convergence} \begin{tabular}{ll} Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned \\ (\emph{e.g.}, puts, calls, warrants, options, convertible securities) \\ \end{tabular}$

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. Numbor of Deriv Securities Acquired (A) or Disposed (D) (Instr. 3, and 5)	ative es d d of	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	Amount or Number of Shares
Stock Options (Right to Buy)	\$ 33.9	02/24/2010		A	5,000		02/24/2011(1)	02/24/2020	Common Stock	5,000
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**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

BUFORD T MARK

VP/Chief

4000 MERIDIAN BOULEVARD

FRANKLIN, TN 37067

Officer

**Signatures** 

Rachel A. Seifert, Attorney in Fact for T. Mark
Buford
02/26/2010

\*\*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) Vesting occurs in 1/3 increments on the first, second and third anniversary 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.

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