#### **BUFORD T MARK**

Form 4

February 17, 2012

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB

3235-0287 Number:

January 31, Expires: 2005

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**OMB APPROVAL** 

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Check this box

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations 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** 

2. Issuer Name and Ticker or Trading

Symbol

COMMUNITY HEALTH SYSTEMS INC [CYH]

5. Relationship of Reporting Person(s) to Issuer

(Last)

(Instr. 3)

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

(Month/Day/Year)

02/16/2012

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

(Check all applicable)

below) below) SVP/Chief Accounting Officer

4000 MERIDIAN BOULEVARD

(Street)

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

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

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

any

(Month/Day/Year)

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

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

D

Reported (A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

Common 02/16/2012 Stock

A 18,000 Α \$0 88,100

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. Number op f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	e Expiration Date	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)	\$ 20.17	02/16/2012		A	5,000	02/16/2013(1)	02/15/2022	Common Stock	5,000	
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)	\$ 40.41					07/25/2008	07/24/2017	Common Stock	15,000	
Stock Options (Right to Buy)	\$ 32.28					02/27/2009	02/26/2018	Common Stock	7,500	
Stock Options (Right to Buy)	\$ 18.18					02/25/2010	02/24/2019	Common Stock	5,000	
Stock Options (Right to Buy)	\$ 33.9					02/24/2011	02/23/2020	Common Stock	5,000	
Stock Options (Right to	\$ 37.96					02/23/2012	02/22/2021	Common Stock	5,000	

Buy)

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

BUFORD T MARK 4000 MERIDIAN BOULEVARD FRANKLIN, TN 37067

**SVP/Chief Accounting Officer** 

# **Signatures**

Christopher G. Cobb, Attorney in Fact for Thomas Mark Buford

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) 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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