

COMMUNITY HEALTH SYSTEMS INC  
 Form 4  
 March 02, 2016

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
 Expires: January 31, 2015  
 Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN 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 \*  
 Ely James S. III

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) (First) (Middle)  
 4000 MERIDIAN BLVD  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
 03/01/2016

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

FRANKLIN, TN 37067  
 (City) (State) (Zip)

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

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 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 Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|-----------------------------------|
|                                 |                                      |  |                                | (A) or (D)  | Price   |  |                                   |
|                                 |                                      |  |                                | Code V  | Amount  |  |                                   |
| Common Stock                    | 03/01/2016                           |  | M                              | 1,205   | A   | \$ 0 (1)   | 42,630 D                          |
| Common Stock                    | 03/01/2016                           |  | M                              | 1,168   | A   | \$ 0 (1)   | 43,798 D                          |
| Common Stock                    |                                      |  |                                |   |   | 4,990  | I By E5 Investors LLC             |

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

SEC 1474 (9-02)

displays a currently valid OMB control number.

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

| 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. Transaction Code (Instr. 8) | 5. Number 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 Security (Instr. 3 and 4) |              |
|--|--|--------------------------------------|--|--------------------------------|---|--|---|--------------|
|  |  |                                      |  | Code                           | V (A) (D)   | Date Exercisable   | Expiration Date   | Title        |
| Restricted Stock Units                     | \$ 0   | 03/01/2016                           |  | M                              | 1,205   | 03/01/2015   | 02/29/2024  | Common Stock |
| Restricted Stock Units                     | \$ 0   | 03/01/2016                           |  | M                              | 1,168   | 03/01/2016   | 02/28/2025  | Common Stock |
| Restricted Stock Units                     | \$ 0   | 03/01/2016                           |  | A                              | 11,017  | 03/01/2017 <sup>(2)</sup>                                | 02/28/2026  | Common Stock |
| Stock Units (SU)                           | \$ 0   |                                      |  |                                |   | <sup>(3)</sup>   | <sup>(3)</sup>  | Common Stock |

## Reporting Owners

| Reporting Owner Name / Address                               | Relationships |           |         |       |
|--|---------------|-----------|---------|-------|
|  | Director      | 10% Owner | Officer | Other |
| Ely James S. III<br>4000 MERIDIAN BLVD<br>FRANKLIN, TN 37067 | X             |           |         |       |

## Signatures

Christopher G. Cobb, Attorney in Fact for James S. Ely 03/02/2016

\_\_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) The security converts to common stock on a one-to-one basis.
- (2) The Restricted Stock Units vest in 1/3 increments on the first, second and third anniversary date of the date of grant. Upon vesting, the Reporting Person will be issued that number of shares of the Common Stock of the Company.
- (3)

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

The Stock Units were accrued under the Company's Directors' Fees Deferral Plan in lieu of a portion of the Reporting Person's Director Fees and are settled 100% in the Company's common stock upon cessation as a director or upon a date specified by the director.

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.