## Edgar Filing: BUFORD T MARK - Form 4

Form 4	MAKK										
March 01, 20											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COM Washington, D.C. 20549						COMMISSION	OMB APPROVAL OMB 3235-0287 Number:				
Check thi if no long subject to Section 1 Form 4 o		GES IN SECUR	Expires:January 31 2005Estimated averageburden hours per response0.5								
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 1' inue. action	7(a) of the	Public Ut		ling Con	npan	y Act of	e Act of 1934, 1935 or Section 0	n		
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> BUFORD T MARK			2. Issuer Name <b>and</b> Ticker or Trading Symbol COMMUNITY HEALTH					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			SYSTEMS INC [CYH]					(check an applicable)			
(Last) (First) (Middle) 4000 MERIDIAN BOULEVARD			3. Date of Earliest Transaction (Month/Day/Year) 02/27/2010					Director 10% Owner X Officer (give title Other (specify below) below) VP/Chief Accounting Officer			
				mendment, Date Original /onth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
FRANKLIN	I, TN 37067							Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	curity (Month/Day/Year) Execution Date, if			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	02/27/2010			F	2,893	D	\$ 34.27	84,155	D		
Common Stock	02/28/2010			F	2,894	D	\$ 34.27	81,261	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)

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. Transactio Code (Instr. 8)	5. onNumber 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 Secu (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	
Stock Options (Right to	\$ 33.9					02/24/2011	02/24/2020	Common Stock	5,000	

Buy)

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
BUFORD T MARK 4000 MERIDIAN BOULEVARD FRANKLIN, TN 37067			VP/Chief Accounting Officer				
Signatures							
Christopher Cobb, Attorney in Fact for Buford	or T. Mark	03/0	1/2010				
<u>**</u> Signature of Reporting Person		D	ate				
<b>Explanation of Respo</b>	onses:						

\* 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.