BUFORD T MARK

Form 4 March 01, 2011

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB APPROVAL OMB

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Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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

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 (Check all applicable)			
(Last) 4000 MERIE	(Last) (First) (Middle) 000 MERIDIAN BOULEVARD		3. Date of Earliest Transaction (Month/Day/Year) 02/25/2011	Director 10% Owner Officer (give title Other (specify below) SVP/Chief Accounting Officer			
FRANKLIN,	(Street) TN 37067		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			
(City)	(State)	(Zip)	Table I Non Derivative Securities A.	aguined Disposed of an Reposicially Owner			

` •	, ,	1 abi	e 1 - Non-D	erivative	Secur	mes Acq	uirea, Disposea o	i, or Beneficial	ly Owned
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securi			5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect
(Instr. 3)	• •	any	Code	(Instr. 3,	(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	02/25/2011		F	3,945	D	\$	70,101	D	
Stock				- ,		39.95	, .		
Common Stock	02/27/2011	02/28/2011	F	2,894	D	\$ 39.95	67,207	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. 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)	\$ 37.96					02/23/2012	02/22/2021	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 Buy)	\$ 18.18					02/25/2010	02/24/2019	Common Stock	5,000	
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	07/24/2017	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)	\$ 38.3					03/01/2007	03/01/2014	Common Stock	15,000	
Stock Options (Right to	\$ 32.37					02/28/2006	02/28/2013	Common Stock	20,000	

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 T. Mark Buford

03/01/2011

**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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