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

#### COMMUNITY HEALTH SYSTEMS INC

Form 4 April 16, 2012

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average

**OMB APPROVAL** 

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subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box

if no longer

**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).

(Last)

(City)

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person \* FRY JOHN A

2. Issuer Name and Ticker or Trading

Symbol

COMMUNITY HEALTH

5. Relationship of Reporting Person(s) to

Issuer

SYSTEMS INC [CYH]

(Check all applicable)

(First) 4000 MERIDIAN BOULEVARD

(Street)

(State)

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

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

6. Individual or Joint/Group Filing(Check

(Middle)

(Zip)

02/23/2012

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

Applicable Line)

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

Person

FRANKLIN, TN 37067

(City)	(State) (2	Table	: I - Non-De	erivative S	Securi	ties Ac	quired, Disposed (	of, or Beneficial	lly Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	ionAcquired (A) or			Securities	Form: Direct	Indirect
(Instr. 3)		any	Code	Disposed of (D)			Beneficially	(D) or	Beneficial
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)		Owned	Indirect (I)	Ownership	
							Following	(Instr. 4)	(Instr. 4)
				(A)		Reported			
					or		Transaction(s)		
			Code V	Amount	(D)	Price	(Instr. 3 and 4)		
Common	00/00/0010			1.000		Φ.0	10.055	-	
Stock	02/23/2012		M	1,229	A	\$ 0	19,075	D	
Stock									
Common	02/24/2012		M	1 277	٨	Φ Λ	20.452	D	
Stock	02/24/2012		M	1,377	A	\$ 0	20,452	D	
Common	02/25/2012		M	2,384	A	\$ 0	22,836	D	
Stock	02/23/2012		111	∠,50∓	11	ΨΟ	22,030	D	

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

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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. Transactic Code (Instr. 8)	5. Number on 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)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (Right to Buy)	\$ 25.13						05/25/2005	05/25/2014	Common Stock	10,000
Stock Options (Right to Buy)	\$ 27.71						01/03/2006	01/03/2015	Common Stock	5,000
Phantom Stock	\$ 0	02/25/2012		M		2,384	02/25/2010	02/24/2020	Common Stock	2,384
Restricted Stock Units	\$ 0	02/24/2012		M		1,377	02/24/2011	02/23/2020	Common Stock	1,377
Restricted Stock Units	\$ 0	02/23/2012		M		1,229	02/23/2012	02/22/2021	Common Stock	1,229
Restricted Stock Units	\$ 0						02/16/2013	02/15/2022	Common Stock	6,645

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
. 9	Director	10% Owner	Officer	Other			
FRY JOHN A 4000 MERIDIAN BOULEVARD	X						
FRANKLIN, TN 37067							

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# **Signatures**

Christopher G. Cobb, Attorney in Fact for John Anderson Fry

04/16/2012

\*\*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).

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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