

HAMMONS KEVIN J
 Form 3
 March 01, 2012

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF 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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â HAMMONS KEVIN J		(Month/Day/Year)	COMMUNITY HEALTH SYSTEMS INC [CYH]	
(Last)	(First)	(Middle)	03/01/2012	
4000 MERIDIAN BOULEVARD			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
FRANKLIN,Â TNÂ 37067			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			VP/Chief Accounting Officer	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	33,336	D	Â

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

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Title			

Edgar Filing: HAMMONS KEVIN J - Form 3

	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Stock Options (Right to Buy)	05/22/2004 ⁽¹⁾	05/22/2013	Common Stock	10,000	\$ 20.3	D Â
Stock Options (Right to Buy)	02/28/2006 ⁽¹⁾	02/28/2013	Common Stock	5,000	\$ 32.37	D Â
Stock Options (Right to Buy)	03/01/2007 ⁽¹⁾	03/01/2014	Common Stock	3,000	\$ 38.3	D Â
Stock Options (Right to Buy)	02/28/2008 ⁽¹⁾	02/28/2015	Common Stock	1,500	\$ 37.21	D Â
Stock Options (Right to Buy)	07/25/2008 ⁽¹⁾	07/24/2017	Common Stock	8,000	\$ 40.41	D Â
Stock Options (Right to Buy)	02/27/2009 ⁽¹⁾	02/27/2018	Common Stock	1,500	\$ 32.28	D Â
Stock Options (Right to Buy)	02/25/2010 ⁽¹⁾	02/24/2019	Common Stock	1,000	\$ 18.18	D Â
Stock Options (Right to Buy)	02/24/2011 ⁽¹⁾	02/23/2020	Common Stock	1,000	\$ 33.9	D Â
Stock Options (Right to Buy)	02/23/2012 ⁽¹⁾	02/22/2021	Common Stock	1,000	\$ 37.96	D Â
Stock Options (Right to Buy)	02/16/2013 ⁽¹⁾	02/15/2022	Common Stock	4,000	\$ 20.17	D Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
HAMMONS KEVIN J 4000 MERIDIAN BOULEVARD FRANKLIN, TN 37067	Â	Â	Â VP/Chief Accounting Officer	Â

Signatures

Christopher G. Cobb, Attorney in Fact for Kevin J. Hammons
 Date: 03/01/2012

__Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.