#### Edgar Filing: SEIFERT RACHEL A - Form 4

SEIFERT RA Form 4 July 28, 2009											
FORM	Δ									PPROVAL	
	UNITEDS	STATES S		ITIES Al hington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check thi if no long	er								Expires:	January 31, 2005	
subject to Section 10	subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated average burden hours per			
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 19							response	0.5	
obligation may conti <i>See</i> Instru 1(b).	s Section 17(a	) of the Pu	ublic Uti		ing Com	ipany	Act of	f 1935 or Section	n		
(Print or Type R	lesponses)										
1. Name and Address of Reporting Person <u>*</u> SEIFERT RACHEL A			2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC [CYH]				g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(			<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>07/25/2009</li></ul>					Director 10% Owner Officer (give title Other (specify below) below) Senior VP and Secretary			
	(54				0						
				4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>			
(City)	(State) (	Zip)	Table	I - Non-De	erivative S	Securi	ties Acc	uired, Disposed of	. or Beneficial	lv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	ed Date, if	3. Transactic Code (Instr. 8) Code V	4. Securi on(A) or Di (D) (Instr. 3,	ties Ao spose	cquired d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	•	
Common Stock	07/25/2009	07/25/20	)09	F	3,645	D	\$ 28.7	92,111	D		

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 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)

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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. Transactiv Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		te	7. Title and A Underlying S (Instr. 3 and	Securities	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	90,000	
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	10,000	
Stock Options (Right to Buy)	\$ 40.41					07/25/2008	07/25/2015	Common Stock	20,000	
Stock Options (Right to Buy)	\$ 18.18					02/25/2010	02/25/2019	Common Stock	7,500	

# **Reporting Owners**

Reporting Owner Name / Address			Relationships				
	Director	10% Owner	Officer	Other			

SEIFERT RACHEL A 4000 MERIDIAN BOULEVARD FRANKLIN, TN 37067

Senior VP and Secretary

## Signatures

Rachel A. Seifert /s/

07/28/2009

<u>\*\*</u>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.