

COMMUNITY HEALTH SYSTEMS INC
 Form 3
 December 11, 2008

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 Smith Martin Dewayne		(Month/Day/Year)	COMMUNITY HEALTH SYSTEMS INC [CYH]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
4000 MERIDIAN BLVD		12/10/2008		
(Street)			(Check all applicable)	
FRANKLIN,Â TNÂ 37067			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below) (specify below)	
			Division Pres.; Division Ops	
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

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	12,834	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) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

Edgar Filing: COMMUNITY HEALTH SYSTEMS INC - Form 3

				Shares		(I) (Instr. 5)	
Stock Options (Right to Buy)	05/21/2003 ⁽¹⁾	05/21/2012	Common Stock	2,000	\$ 27.7	D	Â
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)	05/22/2004 ⁽¹⁾	05/22/2013	Common Stock	2,000	\$ 20.3	D	Â
Stock Options (Right to Buy)	12/09/2004 ⁽¹⁾	12/09/2013	Common Stock	5,000	\$ 25.7	D	Â
Stock Options (Right to Buy)	05/25/2005 ⁽¹⁾	05/25/2014	Common Stock	2,000	\$ 25.13	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)	02/27/2009 ⁽¹⁾	02/27/2018	Common Stock	1,500	\$ 32.28	D	Â
Stock Options (Right to Buy)	07/25/2008 ⁽¹⁾	07/25/2015	Common Stock	8,000	\$ 40.41	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Smith Martin Dewayne 4000 MERIDIAN BLVD FRANKLIN, TN 37067	Â	Â	Â Division Pres.; Division Ops	Â

Signatures

Rachel A. Seifert, Attorney in Fact for Martin D. Smith 12/11/2008

__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.