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COMMUNITY HEALTH SYSTEMS INC

Form 4 March 02, 2015

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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See Instruction

Check this box

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 * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading HAMMONS KEVIN J Issuer Symbol **COMMUNITY HEALTH** (Check all applicable) SYSTEMS INC [CYH] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner X_ Officer (give title _ Other (specify (Month/Day/Year) below) 4000 MERIDIAN BOULEVARD 02/27/2015 Senior VP and CAO (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check 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)	(Zip) Table	le I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	02/27/2015		Code V	Amount 2,098	(A) or (D)	Price \$ 48.52	Transaction(s) (Instr. 3 and 4) 30,769	D		
Common Stock	03/01/2015		M	6,666	A	\$0	37,435	D		
Common Stock	03/01/2015		A	25,000	A	\$ 0	62,435	D		
Common Stock	03/01/2015		F	5,594	D	\$ 48.52	56,841	D		

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

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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 composed 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 Underlying Securitie (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Number of Shares
Performance Based Restricted	\$ 0	03/01/2015		M <u>(1)</u>		6,667	<u>(1)</u>	<u>(1)</u>	Common Stock	6,660
Stock Options (Right to Buy)	\$ 40.41						07/25/2008	07/24/2015	Common Stock	8,000
Stock Options (Right to Buy)	\$ 32.28						02/27/2009	02/26/2018	Common Stock	1,500
Stock Options (Right to Buy)	\$ 33.9						02/24/2011	02/23/2020	Common Stock	1,000
Stock Options (Right to Buy)	\$ 37.96						02/23/2012	02/22/2021	Common Stock	1,000
Stock Options (Right to Buy)	\$ 21.07						02/16/2013	02/15/2022	Common Stock	4,000

Reporting Owners

Reporting Owner Name / Address

Relationships

Reporting Owners 2

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Director 10% Owner Officer Other

HAMMONS KEVIN J 4000 MERIDIAN BOULEVARD FRANKLIN, TN 37067

Senior VP and CAO

Signatures

Christopher G. Cobb, Attorney in Fact for Kevin J. Hammons

03/02/2015

**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).

The performance objectives governing these shares of Performance Based Restricted Stock have been met, and, accordingly, these shares (1) will now be reported in Table 1 as directly owned shares of Restricted Stock. The restrictions lapse 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.

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