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COMMUNITY HEALTH SYSTEMS INC

FORM 4/A

(Amended Statement Of Changes In Beneficial Ownership)

Filed 09/30/22 for the Period Ending 09/30/22

Address 4000 MERIDIAN BOULEVARD, FRANKLIN, TN, 37067

Telephone (727) 384-2323

CIK 0001108109

Symbol CYH

SIC Code 8062 - Services-General Medical & Surgical Hospitals

Fiscal Year 12/31

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Krishnan K Ranga				_	2. Issuer Name and Ticker or Trading Symbol COMMUNITY HEALTH SYSTEMS INC [CYH]									onship of Rep ill applicable Director		erson(s)	to Issuer	ier
(Last)		(First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/30/2022									Officer (give title below)		Other (sp below)		ecify
4000 MERIDIAN BOULEVARD					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individ	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) FRANKLI	N -	TN	37067		,-	.,,								Form filed I	•			Person
(City)	((State)	(Zip)															
			Table I - Non-	Deriva	ative	e Securities	s Ac	quired, D	ispo	sed	of, or B	Benef	icially O	wned				
District of Security (most of			2. Transaction Date (Month/Day/Year)		Execution ar) any	2A. Deemed Execution Date, any (Month/Day/Year		if Transaction Disp Code (Instr.		curities Acquired (A) o osed Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following Reported		6. Own Form: I (D) or I (I) (Inst	Direct Indirect I	Nature of direct eneficial wnership	
									v	Amount (A) o			Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)
			Table II - D (e			Securities ,								ned				
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)	Transaction Code (Instr.		5. Number 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 a Securitie Derivativ and 4)	s Unde		g Derivative		ber of ive ies ially	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
				Code	v	(A)	(D)	Date Exercisable		ration	Title		unt or ber of es		Report Transa (Instr.	action(s)	,	
Stock Units (SU)	\$0.00	09/30/2022		А		15,116.279 ⁽¹⁾		(2)	(3	2)	Common Stock	15,	L16.279 ⁽¹⁾	\$2.15 ⁽¹⁾	26,520	.941 ⁽¹⁾	D	

Explanation of Responses:

1. The purpose of this Amendment is to correct the number of Stock Units accrued to the Reporting Person under the Company's Directors' Fees Deferral Plan in lieu of a portion of the Reporting Person's Director Fees, the price for each of those accrued Stock Units, and the total number of Stock Units beneficially owned by the Reporting Person on 09/30/2022. On the Form 4 filed on 09/30/2022, the number of Stock Units accrued to the Reporting Person was incorrectly reported as 15,186.916, the price for each of those accrued Stock Units was incorrectly reported as \$2.14, and the total number of Stock Units beneficially owned by the Reporting Person was incorrectly reported as 25,591.578.

2. The Stock Units were accrued under the Company's Directors' Fees Deferral Plan in lieu of a portion of the Reporting Person's Director Fees and are settled 100% in the Company's common stock on the last business day of the calendar quarter following cessation as a director or upon a date specified by the Reporting Person.

Remarks:

Christopher G. Cobb, Attorney In Fact for K. Ranga Krishnan

** Signature of Reporting Person

09/30/2022

Date

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

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).