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COMMUNITY HEALTH SYSTEMS INC

FORM 4/A

(Amended Statement Of Changes In Beneficial Ownership)

Filed 11/04/22 for the Period Ending 03/01/22

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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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* <u>Simon Lynn T</u> (Last) (First) (Middle) 4000 MERIDIAN BOULEVARD (Street) FRANKLIN TN 37067 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>COMMUNITY HEALTH SYSTEMS INC [CYH]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) President and CMO
	3. Date of Earliest Transaction (Month/Day/Year) 03/01/2022	
4. If Amendment, Date of Original Filed (Month/Day/Year) 03/02/2022		

Table 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. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	03/01/2022		F ⁽¹⁾		53,453 ⁽¹⁾	D	\$10.18 ⁽¹⁾	351,974 ⁽¹⁾	D	

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. Transaction Code (Instr. 8)		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 and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					

Explanation of Responses:

1. This Amendment corrects (i) the number of shares of Common Stock forfeited by Reporting Person on 3/1/22 at the closing price of the Company's Common Stock on that date (\$10.18/share) as a result of tax withholding associated with the 3/1/22 restricted stock vesting events as well as (ii) the number of shares of Common Stock beneficially owned by Reporting Person. On a Form 4 filed on 3/2/22, the number of shares withheld from Reporting Person as payment of the tax liability resulting from the 3/1/22 vesting events related to prior grants of restricted stock was incorrectly reported as 53,543, rather than the correct figure of 53,453. As a result, the number of shares of Common Stock beneficially owned by Reporting Person was incorrectly reported in Table 1, Column 5 as 351,884, rather than the correct figure of 351,974.

Remarks:

Christopher G. Cobb,
Attorney In Fact for Lynn T. Simon 11/04/2022

** Signature of Reporting Person 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).

** 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.

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.