



COMMUNITY HEALTH SYSTEMS INC

FORM 4/A

(Amended Statement Of Changes In Beneficial Ownership)

Filed 03/04/24 for the Period Ending 03/01/24

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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>COVA CHARLES J</u> (Last) (First) (Middle) <u>4000 MERIDIAN BOULEVARD</u> (Street) <u>FRANKLIN TN 37067</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>COMMUNITY HEALTH SYSTEMS INC [CYH]</u> 3. Date of Earliest Transaction (Month/Day/Year) <u>03/01/2024</u> 4. If Amendment, Date of Original Filed (Month/Day/Year) <u>03/01/2024</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Other (specify below) <u>Regional President</u> 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person
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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		

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	Title Amount or Number of Shares				
Stock Options (Right to Buy)	\$2.87	03/01/2024		A	25,000	03/01/2025 ⁽¹⁾ 02/28/2034	Common Stock 25,000	\$0	25,000 ⁽²⁾	D	

Explanation of Responses:

1. Vesting occurs in 1/3 increments on the first, second and third anniversary of the date of grant.
2. This amendment is filed to correct Column 9 for the Reporting Person's 3/1/2024 grant of 25,000 stock options. The number reported in Column 9 should be 25,000. Due to a scrivener's error, the number in Column 9 was incorrectly reported as 50,000 on 3/1/2024.

Christopher G. Cobb
Attorney in Fact for Charles J. Cova 03/04/2024
Cova

** 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.