Edgar Filing: MILLER DAVID LEWIS - Form 4/A

MILLER D.	AVID LEWIS											
Form 4/A												
November (04, 2011											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMMESION		OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								JWIMISSION	OMB Number:	3235-0287		
Check this box if no longer									Expires:	January 31,		
subject t	- NIATHI	MENT O	F CHAN	NGES IN BENEFICIAL OWNER				ERSHIP OF	Estimated a	2005 verage		
	Section 16.				SECURITIES				burden hours per			
Form 4 o Form 5			а		с ·	.· -	- 1	A (C1024	response	0.5		
obligatio							U	Act of 1934, 1935 or Section				
may con	tinue. Section 17			nvestment	•	-	•					
<i>See</i> Instr 1(b).	ruction	50(II)	of the fi	livestillen	i Compa		21 01 1940)				
1(0).												
(Print or Type	Responses)											
	Address of Reporting	g Person <u>*</u>	2. Issue					5. Relationship of Reporting Person(s) to				
MILLER D	OAVID LEWIS		Symbol					Issuer				
			COMMUNITY HEALTH					(Check all applicable)				
			SYSTE	EMS INC	[CYH]			× ×	11	,		
(Last)	(First)	(Middle)		of Earliest T	ransaction			Director		Owner r (specify		
			(Month/Day/Year)				i	XOfficer (give titleOther (specify below) below)				
4000 MERIDIAN BOULEVARD				11/01/2011				Division President				
Fil			4. If Am	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				
EDANKI	N TN 27067		11/01/2	2011				_X_ Form filed by O				
FRAINKLI	N, TN 37067						1	Person				
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secu	rities Acqu	ired, Disposed of,	or Beneficiall	ly Owned		
1.Title of	2. Transaction Date		1 、						6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution any	1 Date, 1f	Transactio Code	omr Dispos (Instr. 3,			Securities Beneficially	Ownership Form:	Indirect Beneficial		
(1130.5)		•	ay/Year)	(Instr. 8)	(msu: 5,	i una	5)	Owned	Direct (D)	Ownership		
								Following	or Indirect	(Instr. 4)		
						(A)		Reported Transaction(s)	(I) (Instr. 4)			
				Cod V	A	or	D.'	(Instr. 3 and 4)	(1150. 4)			
Common					Amount	(D)	Price \$					
Stock	11/01/2011			P <u>(1)</u>	6,000	А	ф 18.0667	251,175	D			
							10.0007					

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

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 Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
, s	Director	10% Owner	Officer	Other				
MILLER DAVID LEWIS 4000 MERIDIAN BOULEVARD FRANKLIN, TN 37067			Division President					
Signatures								
Christopher G. Cobb, Attorney in Fact for David Lew Miller			11/04/2011					
<u>**</u> Signature of Reporting	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).
- (1) This amendment is filed to correct the Transaction Code in Table I of the original filing from "A" to "P". The securities were purchased in the open market and were not acquired from the Issuer.

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.