Edgar Filing: UNIVERSAL HEALTH SERVICES INC - Form 4

UNIVERSAL Form 4 March 19, 20	L HEALTH SER	RVICES II	NC								
FORM	Δ									PPROVAL	
Washington, D.C. 20549							N OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or				NGES IN SECUR		Estimated burden hou	Expires: January 31 200 Estimated average burden hours per response 0.				
Form 5 obligation: may contin <i>See</i> Instruct 1(b).	s Section 17(a) of the l	Public U	16(a) of th Itility Hole nvestment	ding Cor	npany A	ct of 1935				
(Print or Type Ro	esponses)										
			2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [UHS]				Issue	5. Relationship of Reporting Person(s) to Issuer ES (Check all applicable)			
(Last) UNIVERSA SERVICES, GULPH ROA	L HEALTH INC., 367 SOU	Middle) TH		of Earliest Ti Day/Year) 2015	ransaction				ve title 109 below) President	% Owner her (specify	
				. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
KING OF PF	RUSSIA, PA 194	406					Perso	-	More than One R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securities	s Acquired,	, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deeme Execution I any (Month/Day/Year)		Date, if TransactionAcquired (A) or Code Disposed of (D) ay/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or		5. Amo Securiti Benefic Owned Followi Reporte Transac (Instr. 3	es ially ng ed etion(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Reminder: Repo	ort on a separate line	e for each ch	ass of sec	Code V		(D) Prio	ce				
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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. 5. Number of TransactiorDerivative Code Securities (Instr. 8) 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 Underlying Securities (Instr. 3 and 4)		
				Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option To Purchase Class B Common Stock	\$ 117.29	03/18/2015		A	90,000		<u>(1)</u>	03/17/2020	Class B Common Stock	90,000

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Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
Miller Marc D UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406	Х		President				
Signatures							
/s/ Steve Filton, Attorney in Fact for Marc D Miller	03/19/2015						
**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).

(1) Option vests ratably on each of 3/18/2016, 3/18/2017, 3/18/2018 and 3/18/2019.

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.