Edgar Filing: UNIVERSAL HEALTH SERVICES INC - Form 4

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL Mombre if no longer section 16. Station for born 4 or Form 5 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OT SECURITIES Expires: 2002 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations may continue. See instruction 1(b). Filed pursuant to Section 16(a) of the Investment Company Act of 1940- 1(b). Filed pursuant to Section 16(a) of the Investment Company Act of 1940- 1(b). (Print or Type Response) S. Issuer Name and Ticker or Trading Symbol S. Relationship of Reporting Person(s) to Issuer (Last) (First) (Middle) 3. Lasser Name and Ticker or Trading Symbol S. Relationship of Reporting Person(s) to Issuer (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director X	UNIVERSA Form 4 March 28, 20	L HEALTH SER	RVICES II	NC							
Check this box if no longer subject to SECURITIES STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Form 4 or Form 4 or Form 5 Expires: January 31 2005 Securities Exchange Act of 1934, obligation may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. Section 17(a) of the Public Utility Holding Company Act of 1935 or Section response 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligation section 17(a) of the Public Utility Holding Company Act of 1935 or Section 1. Name and Address of Reporting Person 1 (Print or Type Responses) 1. Name and Address of Reporting Person 2 (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) UNIVERSAL HEALTH SERVICES, INC., 367 SOUTH GULPH ROAD (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (City) (State) (Zip) Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Tille of Security (Month/Day/Year) (Month/Day/Year) (Instr. 3) (Month/Day/Year) (Month/Day/Year) (Instr. 4) (Instr. 4) (Instr. 4) (Month/Day/Year) (Instr. 3, 4 and 5) (Code V Amount (D) Price			STATES					E COMMISSIO	N OMB		
1. Name and Address of Reporting Person : 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer Pember Marvin G. Symbol UNIVERSAL HEALTH SERVICES (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction See Instruction Form 5 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							Expires: Estimated burden hou response	Expires: 2005 Estimated average burden hours per		
Pember Marvin G. Symbol UNIVERSAL HEALTH SERVICES INC [UHS] (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) UNIVERSAL HEALTH SERVICES, INC., 367 SOUTH GULPH ROAD (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (Street) 5. Africant description of the spectral description of	(Print or Type I	Responses)									
Image: Construction of the construc	Pember Marvin G.			Symbol UNIVERSAL HEALTH SERVICES				Issuer			
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person 	UNIVERSA SERVICES	AL HEALTH , INC., 367 SOU	,	(Month/	Day/Year)	ransaction		X Officer (g below)	tive title Oth below)	ner (specify	
KING OF PROSSIA, PA 19400 Person (City) (State) (Zip) 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. 4. Securities TransactionAcquired (A) or Code 5. Amount of Securities 6. Ownership Form: Direct 7. Nature of Indirect 0. (Instr. 3) (Month/Day/Year) (Month/Day/Year) 3. 4. Securities 5. Amount of Securities 6. Ownership Form: Direct 7. Nature of Indirect (Instr. 3) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned (I) Ownership (Instr. 4) Ownership (Instr. 4) (A) or Code or Amount or Disposed of (D) Person 6. Ownership (I) Ownership (I) Ownership (Instr. 4)	Filed				-			Applicable Line) _X_ Form filed by One Reporting Person			
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Code V Amount (D) Price	Security (Month/Day/Year) Execution (Instr. 3) any		Date, if TransactionAcquired (A) or Code Disposed of (D) y/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or			Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership			
	Reminder: Rer	ort on a senarate line	for each a	ass of sec							

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)

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)	Execution Date, if TransactionDerivative any Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option To Purchase Class B Common Stock	\$ 78.17	03/26/2014		A	50,000	<u>(1)</u>	03/25/2019	Class B Common Stock	50,000

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Reporting Owners

Reporting Owner Name / Address	Relationships					
FB	Director	10% Owner	Officer	Other		
Pember Marvin G. UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406			Senior Vice President			
Signatures						
/s/ Steve Filton, Attorney-in- Fact for Mr. Pember		03/28/201	4			
**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 3/26/2015, 3/26/2016, 3/26/2017 and 3/26/2018.

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.