Edgar Filing: UNIVERSAL HEALTH SERVICES INC - Form 4

UNIVERSAL HEA Form 4 March 28, 2014	LTH SER	VICES II	NC								
FORM 4	UNITED S	STATES	SECU	RITIES A	AND EX	CHANG	GE CC	OMMISSIO	-	PPROVAL	
Check this box			Wa	shington	, D.C. 20	549			Number: Expires:	3235-0287 January 31	
if no longer subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERS SECURITIES							ERSHIP OI	Estimated	Estimated average burden hours per		
Form 4 or Form 5 obligations may continue. See Instruction 1(b).	-	a) of the I	Public U		ding Con	npany A	ct of 1	Act of 1934, 935 or Secti	response		
(Print or Type Response	s)										
FILTON STEVE Sy			2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [UHS]					5. Relationship of Reporting Person(s) to IssuerS (Check all applicable)			
(Month				of Earliest Tr Day/Year) 2014	ransaction			Director 10% Owner X Officer (give title Other (specify below) Senior Vice President & CFO			
Filed(Mc			endment, Da onth/Day/Yea	-	1	A	 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 PRUSSI							F	erson	More than One K	epotting	
(City) (Sta	te)	(Zip)	Tab	le I - Non-I	Derivative	Securities	s Acqui	ired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution D any (Month/Day/Year)(Instr. 3)any (Month/Day)		Date, if TransactionAcquired (A) or Code Disposed of (D) (y/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or			Sec Ber Ow Foll Rep Tra (Ins	Amount of urities neficially ned lowing ported nsaction(s) str. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Reminder: Report on a	separate line	for each cla	ass of sec	Code V urities benef		(D) Pric	ce	,			

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)	4. Transac Code (Instr. 8			ate	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		А	70),000		<u>(1)</u>	03/25/2019	Class B Common Stock	70,000

Edgar Filing: UNIVERSAL HEALTH SERVICES INC - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
FILTON STEVE UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406			Senior Vice President & CFO					
Signatures								
/s/ Charles F. Boyle, Attorney- in-Fact for M Filton	1r.	03/28/2	2014					
**Signature of Reporting Person		Date						
Explanation of Response	e.							

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.