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UNIVERSA Form 4 August 26, 2	L HEALTH SEF	RVICES I	NC									
FORN	ПЛ								OMB AI	PPROVAL		
	UNITED	STATES	S SECURITIES AND EXCHANGE COMMISSION						OMB Number:	3235-0287		
Check th if no long subject to Section 1 Form 4 c	ger o STATEN 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O							Expires: January 31 2005 Estimated average burden hours per response 0.5			
Form 5 obligatio may com <i>See</i> Instr 1(b).	tinue. Section 17	(a) of the	Public U		ding Com	ipany	Act of	e Act of 1934, 1935 or Section 0	n			
(Print or Type]	Responses)											
			2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES					5. Relationship of Reporting Person(s) to Issuer				
			INC [UHS]					(Check all applicable)				
	N LOKEY HOW 5 PARK AVENU		3. Date of (Month/E 08/23/2	-	ransaction			X_ Director Officer (give below)		o Owner er (specify		
				Amendment, Date Original d(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NEW YOR	K, NY 10167							Form filed by M Person	Iore than One Re	eporting		
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative S	Securi	ities Acqu	uired, Disposed of	, or Beneficial	ly 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 Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Class B Common Stock	08/23/2013			Code V M	Amount 11,250	(D) A	Price \$ 30.32	82,700	D			
Class B Common Stock	08/23/2013			М	7,500	А	\$ 43.67	90,200	D			
Class B Common Stock	08/23/2013			М	3,750	А	\$ 36.95	93,950	D			

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Class B					¢			
Common	08/23/2013	F	11,589	D	ቅ 60.65	82,361	Ľ)
Stock					09.05			

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)

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 Transactio-Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exer Expiration D (Month/Day,	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	\$ 30.32	08/23/2013		М		11,250	<u>(1)</u>	01/20/2015	Class B Common Stock	11,250
Option To Purchase Class B Common Stock	\$ 43.67	08/23/2013		М		7,500	(2)	01/19/2016	Class B Common Stock	7,500
Option To Purchase Class B Common Stock	\$ 36.95	08/23/2013		М		3,750	<u>(3)</u>	01/18/2017	Class B Common Stock	3,750

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

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HOTZ ROBERT H HOULIHAN LOKEY HOWARD & ZUKIN 245 PARK AVENUE, 20TH FLOOR NEW YORK, NY 10167

Signatures

/s/ Steve Filton, Attorney-in-Fact for Mr. Hotz

08/26/2013

**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) The option vested on 1/20/2013.
- (2) The option vested ratably on each of 1/19/2012 and 1/19/2013.
- (**3**) The option vested on 1/18/2013.

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.