Edgar Filing: UNIVERSAL HEALTH SERVICES INC - Form 4

| UNIVERSA Form 4 March 28, 20 | L HEALTH SER | VICES II | NC | | | | | | | |
|--|--|--|--|--|---|--|--|-----------------|-------------------------|--|
| FORM | | | | | | | | OMB A | PPROVAL | |
| | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | OMB Number: | 3235-0287 | | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | SECUE | RITIES | burden hou | Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | | |
| Form 5 obligatio may cont See Instru 1(b). | ns Section 17(| a) of the l | Public U | | ding Cor | npany Ac | inge Act of 1934, t of 1935 or Section 1940 | n | | |
| (Print or Type I | Responses) | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Miller Marc D | | | 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [UHS] | | | 5. Relationship of Reporting Person(s) to IssuerCS (Check all applicable) | | | | |
| | AL HEALTH , INC., 367 SOU | Middle) TH | | of Earliest Tr Day/Year) 2014 | ransaction | | X Director X Officer (give below) | | % Owner her (specify | |
| | | | 4. 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 P | RUSSIA, PA 19 | 406 | | | | | Form filed by M Person | lore than One R | eporting | |
| (City) | (State) | (Zip) | Tab | ole I - Non-I | Derivative | Securities . | 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) y/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or | | SecuritiesFBeneficially(I)Owned(I)Following(I)ReportedTransaction(s)(Instr. 3 and 4) | . Ownership form: Direct D) or Indirect | Indirect | | | | |
| | | | | Code V | | (D) Price | | | | |
| Reminder: Rep | ort on a separate line | e for each cl | ass of sec | urities benef | ficially own | ned 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) | Date, if TransactionDerivative Code Securities | | Expiration D (Month/Day | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|--|---|---|---|---|--------|----------------------------|--|----------------------------|---|--|
| | | | | Code V | (A) (I | 0) Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Option To Purchase Class B Common Stock | \$ 78.17 | 03/26/2014 | | А | 90,000 | <u>(1)</u> | 03/25/2019 | Class B Common Stock | 90,000 | |

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Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | |
|---|--------------|---------------|-----------|-------|--|--|
| r g a a a a a a a | 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 | . 03/28/2014 | | | | | |
| **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.