MILLER ALAN B Form 4/A December 13, 2004

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

2. Issuer Name and Ticker or Trading

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Check this box if no longer subject to Section 16. Form 4 or Form 5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1. Name and Address of Reporting Person *

1(b).

MILLER ALAN B			Symbol UNIVERSAL HEALTH SERVICES INC [UHS]				Issuer (Check all applicable)			
(Street) KING OF PRUSSIA, PA 19406			4. If Amendment, Date Original Filed(Month/Day/Year) 12/13/2004				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
				Person						
(City)	(State)	(Zip)		-Derivativ	e Secu	ırities Acqu	ired, Disposed of			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Y	Code (Instr. 8) Code V	Or Dispos (Instr. 3, 4	(A) or (D)	Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	12/09/2004		G	10,000	D	(1)	749,117	D		
Class B Common Stock	12/09/2004		G	10,000	A	<u>(2)</u>	38,000	I	Alan B. Miller Family Foundation	
Class B Common Stock	12/10/2004		M(3)	30,000	A	\$ 22.2813 (4)	779,117	D		
	12/10/2004		F	13,987	D	\$ 47.79	765,130	D		

Class B Common Stock

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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(9-02)

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. Transaction Code (Instr. 8)	5. Number of on Derivative Securities 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	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase Class B Common Stock	\$ 22.2813	12/10/2004		M		30,000	01/19/2001	01/19/2005	Option to Purchase Class B Common Stock	30,000

Reporting Owners

Reporting Owner Name / Address	Relationships							
reporting owner runte / runtess	Director	10% Owner	Officer	Other				
MILLER ALAN B								
367 SOUTH GULPH ROAD	X	X	Chairman, President & CEO					
KING OF PRUSSIA, PA 19406								

Signatures

Alan B. Miller 12/13/2004 **Signature of Date Reporting Person

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) Transfer of Shares to Alan B. Miller Family Foundation of which the Reporting Person is the sole Trustee

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- (2) Transfer of Shares to Alan B. Miller Family Foundation of which the Reporting Person is the sole Trustee
- (3) Consists of Class B Common Stock of Universal Health Services, Inc. (the "Class B Shares") issued upon exercise of stock options to purchase Class B Shares, at an exercise price of \$22.2813 per share.
- Exercise price of \$22.2813 per share was satisfied through the delivery of 13,987 Shares held by the Reporting Person with a fair market value of \$47.79 per share.

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.