Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
ı	hours nor resnance.	0.5								

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person  OSTEEN DEBRA K					<u>U</u>	UNIVERSAL HEALTH SERVICES INC [ UHS ]								eck all appli Directo	ationship of Reporting c all applicable)  Director  Officer (give title below)		10% Ov Other (s below)	vner	
(Last) (First) (Middle) UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD						3. Date of Earliest Transaction (Month/Day/Year) 09/05/2012								S	Senior Vio	ce Pre	esident		
(Street) KING O PRUSSI	A P/		19406 (Zip)		-   4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) <mark>X</mark> Form f	al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson				
		Tak	ole I - No	n-Deriv	vativ	e Se	curit	ties Ac	quired	, Dis	posed o	f, or Be	neficial	y Owned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Da			Code (	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		Benefici	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			(111501.4)	
Class B Common Stock 09/05/2						2			М		17,500	) A	\$24.44	5 91	,332		D		
Class B Common Stock 09/05/2					5/2012	2012		F		12,728 D \$		\$40.3	6 78	78,604		D			
			Table II -								osed of, converti			Owned					
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. Transactio Code (Inst 8)		on of		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Option To Purchase Class B Common	\$24.445	09/05/2012			M			17,500	(1)		11/20/2012	Class B Common Stock	17,500	\$0	0		D		

## **Explanation of Responses:**

1. Option vested on 11/21/2011.

/s/ Steve Filton, Attorney-in-Fact for Ms. Osteen

09/05/2012

\*\* Signature of Reporting Person

Date

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.