FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed nursuant to Section 16(a) of the Securities Eychange Act of 1934

IIISTITUCTION 1	D).		Filed pursuant to Section 10(a) of the Securities Exchange Act of 1934					
`			or Section 30(h) of the Investment Company Act of 1940					
1. Name and Add Miller Mar	dress of Reporting	Person*	2. Issuer Name and Ticker or Trading Symbol <u>UNIVERSAL HEALTH SERVICES INC</u> [UHS]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last)	(First)	(Middle)	UHS J	X	Officer (give title below)	Other (specify below)		
UNIVERSAL	HEALTH SER	VICES, INC.	3. Date of Earliest Transaction (Month/Day/Year)	President				
367 SOUTH	GULPH ROAD		03/09/2010					
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line)	vidual or Joint/Group Fili	ing (Check Applicable		
KING OF	PA	19406		X	Form filed by One Re	eporting Person		
PRUSSIA					Form filed by More than One Reporting Person			
(City)	(State)	(Zip)						

(Street) KING OF PRUSSIA (City)	PA (State)	19406 (Zip)	4. If Amendi	, Zate	o. Og.		ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table I - Non-Deriv	ative Secu	rities Ac	quire	d, D	isposed c	of, or B	eneficially	Owned		
1. Title of Security (Instr. 3)		2. Transacti Date (Month/Day	Execution (Year) if any	on Date,	3. Transaction Code (Instr. 8)		4. Securities Disposed Of	Acquired (A) or (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	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	Transaction(s) (Instr. 3 and 4)		(1130.4)
Class B Comn	non Stock	03/09/2	010		S		25,000	D	\$32.827(1)	4,114	I	By The Abby Miller King 2008 GRAT
Class B Comn	non Stock	03/09/2	010		S		25,000	D	\$32.8228(2	4,114	I	By The Marc Daniel Miller 2008 GRAT
Class B Comm	non Stock	03/09/2	010		S		25,000	D	\$32.827 ⁽³⁾	4,114	I	By The Marni Spencer 2008 GRAT
Class B Comn	non Stock	03/10/2	010		G ⁽⁴⁾	v	42,000	A	\$0	42,000	I	By The Abby Miller King 2010 GRAT
Class B Comm	non Stock	03/10/2	010		G ⁽⁴⁾	v	42,000	A	\$0	42,000	I	By The Marni Spencer 2010 GRAT
Class B Comn	non Stock	03/10/2	010		G ⁽⁴⁾	V	42,000	A	\$0	42,000	I	By The Marc Daniel Miller 2010 GRAT
Class B Comn	non Stock									14,312	D	
Class B Comn	non Stock									296,024	I	By MMA Family, LLC ⁽⁵⁾⁽⁶⁾

1. Title of Security (Instr. 3)			Dat	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr. 8)					5) S E C	i. Amount of Securities Beneficially Dwned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
							Code	v	Amount	(A) or (D)	Price	1	Transaction(s) Instr. 3 and 4)		(Instr. 4)		
Class B Common Stock															80,000	I	By The Abby Miller King 2009 GRAT
Class B Common Stock															80,000	I	By The Marc Daniel Miller 2009 GRAT
Class B Common Stock															80,000	I	By The Marni Spencer 2009 GRAT
		Та									oosed of, convertib			y Owr	ned		
Derivative Conversion Date Execu Security or Exercise (Month/Day/Year) if any			3A. Deeme Execution if any (Month/Day	Date,	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration			7. Title Amoun Securit Underly Derivat Securit and 4)	nt of ties ying	8. Price Derivat Securit (Instr. 5	ative derivative ity Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code		v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$32.5600 to \$32.9800, inclusive. The reporting person undertakes to provide to Universal Health Services, Inc. (the "Company"), any stockholder of the Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes 1, 2 and 3.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$32.5500 to \$32.9800, inclusive.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$32.5500 to \$32.9800, inclusive.
- 4. On March 10, 2010, Mr. Alan B. Miller transferred 42,000 shares of Class B Common Stock to each of The Marc Daniel Miller 2010 GRAT, The Marni Spencer 2010 GRAT and The Abby Miller King 2010 GRAT. Mr. Marc D. Miller serves as Co-Trustee of each of these GRATs.
- 5. Marc D. Miller disclaims beneficial ownership of the securities attributable to Jill Miller and The Marni Spencer 2005 GRAT and The Abby Miller King 2005 GRAT as members of the MMA Family, LLC, and this report shall not be deemed an admission that he is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.
- 6. Mr. Miller disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that Mr. Miller is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

/s/ Marc D. Miller 03/10/2010

** 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.