FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 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* WRIGHT RICHARD C						2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [UHS]									Relationship of Reporting Person(s) to Issuer neck all applicable) Director 10% Owner X Officer (give title below) Other (specific below)			ner	
(Last) (First) (Middle) UHS OF DELAWARE, INC. 7000 W. WM CANNON DR.						3. Date of Earliest Transaction (Month/Day/Year) 11/25/2003										Vice P	reside	nt	
(Street) AUSTIN (City)	eet) JSTIN TX 78735				4. 1	4. If Amendment, Date of 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 Person													1
		Tak	le I - No	n-Deri	vativ	e Se	curit	ties Ac	quired,	Dis	posed o	of, or	r Ben	eficiall	y Owned				
				2. Transaction Date (Month/Day/Year)			2A. De Execut If any (Month	3. Transa Code (n Disposed	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amou Securitie Benefici	es	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct c	7. Nature of Indirect Beneficial Ownership	
							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>nDuyi</i> rea	Code	v	Amount		(A) or (D)	Price	Reported Transact (Instr. 3	d ion(s)	(1) (1113)		Instr. 4)
Option to Purchase Class B Common Stock					11/25/2003				M ⁽¹⁾		20,00	0	A	\$0.000	2) 42	42,455		D	
Class B Common Stock					11/25/2003				F		16,10	9	D	\$52.6	5 26	26,346		D	
Class B Common Stock					11/26/2003						3,000)	D	\$52.4	5 23	23,346		D	
Class B Common Stock					26/2003				S		100	Ì	D	\$52.8	3,246		D		
Class B Common Stock 11/26					26/200	/2003					100		D	\$52.8	3 23,146			D	
Class B Common Stock 11/26					26/200	5/2003					600		D	\$52.9	22,546		1	D	
		-	Table II -								osed of,				Owned		,	,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	d Date,	4. Transactio		5. Number n of			xerci:	sable and	7. Ti of So Undo	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)	e C S F Illy C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title		Amount or Number of Shares					
Option to Purchase Class B Common Stock	\$42.4063	11/25/2003			М			20,000	01/17/20	02	01/17/2005	Puro Clas Com	tion chase ss B nmon ock	20,000	\$42.4063	46,250	0	D	

Explanation of Responses:

- 1. 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 \$42.4063 by simultaneously exchanging 3,891 Class B Shares at a fair market value of \$52.65 per share.
- 2. 3,891 of the Class B Shares were acquired at an exercise price of \$52.65 per share

Richard C. Wright

11/26/2003

** 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.