FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Numb	er: 3	3235-0287							
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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 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 (Last) (First) (Middle) UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD (Street) KING OF PRUSSIA (City) (State) (Zip)						2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [UHS] 3. Date of Earliest Transaction (Month/Day/Year) 08/17/2009 4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
(City)	(51		Zip)	nn-Deriv	ative	Sec	uritie	es Ari	nuired	l Die	snosed o	f or B	enefi	rially	Owne	-d			
1. Title of Security (Instr. 3)		2. Transac	2. Transaction		2A. Deemed Execution Date,		3.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a		r -	5. Amount of		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	•	Trans	action(s) 3 and 4)			(111341.4)
Class B Common Stock			08/17/2009					S		1,600	D	\$6	0.12	4	3,477	D			
Class B Common Stock			08/17/2009				S		500	D	\$(50.1	4	2,977	D				
Class B Common Stock			08/17/2009				S		200	D	\$6	50.09		42,777					
Class B Common Stock			08/17/2009				S		300	D	\$6	\$60.07		42,477					
Class B Common Stock			08/17/2009				S		96	D	\$6	\$60.08		42,381					
Class B Common Stock		08/17/2009				S		2,304	D	\$60	\$60.0511		40,077						
	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)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transa Code (8)		of Deriv	r osed) r. 3, 4	6. Date Exerci Expiration Da (Month/Day/Y		te	Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe		Deri Sec (Inst	rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owne Form Direc or Inc (I) (In	t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

/s/ Debra K. Osteen

08/18/2009

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).