FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL	
	=

3235-0287 OMB Number: Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person* <u>HERRELL JOHN H</u>						2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [UHS]								neck all appli	icable) or	10% Owner		ner
(Last) (First) (Middle) UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD						3. Date of Earliest Transaction (Month/Day/Year) 12/11/2015									r (give title)		Other (s	pecity
(Street) KING OF PRUSSIA PA 19406 (City) (State) (Zip)					- 4. li	f Ame	ndmei	nt, Date	of Origina	al File	d (Month/Da	6. Lir	e) X Form Form					
(City)	(3)		(Zip)	n Dori	rotive		rit	ioo Ac		Die	nocod o	of or Bo	noficio	Ily Owns				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				action	2/ E:	2A. Deemed Execution Date, f any Month/Day/Year)		3. Transa	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		5. Amou Securiti Benefic Owned	unt of es ially Following	6. Own Form: (D) or I (I) (Insi	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	ction(s)			Instr. 4)
Class B Common Stock 12/11/2					1/2015				М		3,750	A	\$78.1	.7 17	7,887]	D	
Class B Common Stock 12/11/2					L/ <mark>2015</mark>	015			F		2,420	D	\$121.	11 15	15,467		D	
Class B Common Stock 12/14/2					1/2015	2015			S		1,200	D	\$117.	38 14	,267]	D	
		Т	able 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. Deem Execution if any (Month/D	n Date,	4. Transa Code (8)		on of		Expiratio	6. Date Exercis: Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ow For Dire or I (I) (.0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Option To Purchase Class B Common	\$78.17	12/11/2015			M			3,750	(1)		03/25/2019	Class B Common Stock	3,750	\$0	11,250		D	

Explanation of Responses:

1. The option vested on 3/26/2015.

/s/ Mr. John H. Herrell

12/14/2015

** 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.

^{*} 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).