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 APPI	ROVAL						
OMB Number:	3235-0287						
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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* Miller Marc D (Last) (First) (Middle) UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD (Street) KING OF				2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC UHS 3. Date of Earliest Transaction (Month/Day/Year) 03/18/2020 4. If Amendment, Date of Original Filed (Month/Day/Year)						6. I	S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner X Officer (give title Other (specify below)) President 6. Individual or Joint/Group Filing (Check Applicable Line)					
PRUSSIA (City)	A PA		(Zip)										iled by One iled by More		•	I
		Tab	le I - Non-	Deriva	tive S	Securiti	es Ac	quired, D	isposed o	of, or Bei	neficial	ly Owned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 5)			Securitie Benefici	Securities Beneficially Owned Following		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Amount	(A) or (D)	Price	Transaci (Instr. 3	tion(s)			(111311. 4)	
						,										
		_						uired, Dis s, options				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		e.g., pu	ansaction	5. Nu of of tr. Deriv Secui Acqu (A) oi Dispo	mber ative rities ired sed (Instr.		converti		Amount es Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	is lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	3. Transaction Date	3A. Deemed Execution Da	e.g., pu tate, Trac (car) (8)	ansaction	5. Nu of Deriv Secul Acqu (A) of Dispo of (D)	mber ative rities ired sed (Instr.	6. Date Exer Expiration D	converti	7. Title and of Securiti Underlying Derivative	Amount es Security	8. Price of Derivative Security	derivative Securities Beneficial Owned Following Reported Transactio	is lly	Ownership Form: Direct (D) or Indirect	of Indirect Beneficial Ownership (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	3. Transaction Date	3A. Deemed Execution Da	e.g., pu 4. Trate, Co (rear) Co 8)	ansactio	5. Nu of Deriv Secul Acqu (A) of Dispo of (D) 3, 4 a	mber ative ities ired sed (Instr. nd 5)	6. Date Exer Expiration D (Month/Day/	converticisable and ate Year)	7. Title and of Securiti Underlying Derivative (Instr. 3 ar	Amount or Number of	8. Price of Derivative Security	derivative Securities Beneficial Owned Following Reported Transactio	on(s)	Ownership Form: Direct (D) or Indirect	of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. Option granted to purchase shares of Class B Common Stock under the Company's Third Amended and Restated 2005 Stock Incentive Plan.
- $2.\ Option\ vests\ ratably\ on\ each\ of\ 3/18/2021,\ 3/18/2022,\ 3/18/2023\ and\ 3/18/2024.$
- 3. Options were granted at 110% of the market price on the date of the grant.

/s/ Steve Filton, Attorney in Fact for Marc D. Miller

03/20/2020

** 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.