FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1. Name a | <u>U</u> | 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC UHS] | | | | | | | | eck all appli Directe | r | | 10% Ov | vner | | | | | | | |
|--|---|---|----------|----------|------------------------------|---------------------------------------|--|----------|--|---|---|--|--|---|--|--|------------|---|--|--|--|
| (Last) (First) (Middle) 179 ASH WAY | | | | | Date of /26/20 | | est Trar | nsaction | (Mon | th/Day/Year) | | below) | (give title | | Other (s | specify | | | | | |
| | _ 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | | | | |
| (Street) DOYLESTOWN PA 18901 | | | | | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | Rı | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | | |
| | | | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| | | Tab | le I - N | lon-Deri | vative | Sec | urit | ies Ad | quire | d, D | isposed o | of, or Be | eneficial | ly Owned | t t | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Execution Da | | | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | (A) or 3, 4 and 5) | Beneficially Owned Following | | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | |
| Class B Common Stock 07 | | | | | 6/2024 | | | | М | | 2,500 | Α | \$67.69 | 8, | 913 | | D | | | | |
| Class B Common Stock 07/26/20 | | | | | 2024 |)24 | | | M | | 2,500 | A | \$138.8 | 38.8 11,413 | | | D | | | | |
| Class B Common Stock 07/26/20 | | | | 2024 | .024 | | | | | 2,465 | D | \$209.45 | 9.455 8,948 | | | D | | | | | |
| Class B Common Stock 07/26/202 | | | | | 2024 | 124 | | | S ⁽¹⁾ | | 2,535 | D | \$209.55 | 05 6. | ,413 | | D | | | | |
| | | T | able I | | | | | | | | posed of , converti | | | Owned | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | | 4. Transa Code (8) | ction | 5. Number of | | 6. Date Exerc Expiration Da (Month/Day/Y | | cisable and ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D) or Indirect (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | | | |
| Option To Purchase Class B Common Stock | \$67.69 | 07/26/2024 | | | | | | 2,500 | (2) |) | 03/17/2025 | Class B Common Stock | 2,500 | \$0 | 0 | | D | | | | |
| Option To Purchase Class B Common | \$138.8 | 07/26/2024 | | | M | | | 2,500 | (3) |) | 03/16/2026 | Class B Common Stock | 2,500 | \$0 | 2,500 | | D | | | | |

Explanation of Responses:

Stock

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$209.55 to \$209.745, inclusive. The reporting person undertakes to provide 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 Footnote 1.
- 2. Option vested ratably on each of 3/18/2021, 3/18/2022, 3/18/2023 and 3/18/2024
- 3. Option vests ratably on each of 3/17/2022, 3/17/2023, 3/17/2024 and 3/17/2025.

/s/ Eileen C. McDonnell

07/29/2024

** 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.