FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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 ar FILTO	<u>U</u>	2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC UHS								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owne				ner				
(Last) (First) (Middle)																	Other (s below)	pecify
(Last) (First) (Middle) UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD						3. Date of Earliest Transaction (Month/Day/Year) 12/09/2015								Seni	or Vice Pi	reside	nt & CFO	
(Street) KING OF PRUSSIA PA 19406				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) X Form t Form t	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)															
		Tak	le I - No	n-Deri	vativ	e Se	curit	ties Ac	quired,	Dis	posed o	f, or Be	neficial	ly Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Code (Instr.		ies Acquire Of (D) (Inst		Benefici	es ally Following	Form:	: Direct (Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			msu. 4)
Class B Common Stock 12/09/2						:015			М		70,000) A	\$43.6	7 299	299,322		D	
Class B Common Stock 12/09/2						2015			F		45,134	4 D	\$120.2	28 254	254,188		D	
		-	Table 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. Deemo Execution if any (Month/Da	Date,	4. Transa Code (8)		of I		Expiratio	6. Date Exercisab Expiration Date (Month/Day/Year)		of Securities		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. 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	\$43.67	12/09/2015			M			70,000	(1)		01/18/2016	Class B Common Stock	70,000	\$0	0		D	

Explanation of Responses:

1. The option vested ratably on each of 1/19/2012, 1/19/2013, 1/19/2014 and 1/19/2015.

/s/ Charles F. Boyle, Attorneyin-Fact for Mr. Filton

12/10/2015

** 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.