FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	PROVAL
OMB Number:	3235-0287
Estimated average	burden

0.5

hours per response:

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 S	Secti	on 30(h)	of the	Investm	ent Co	ompany Act	of 19	940							
1. Name and Address of Reporting Person*  OSTEEN DEBRA K				U	2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC UHS ]									Check	all app Direc	olicable)	g Persor	Person(s) to Issuer  10% Owner Other (spec		
(Last) (First) (Middle) UNIVERSAL CORPORATE CENTER 367SOUTH GULPH ROAD					3. Date of Earliest Transaction (Month/Day/Year) 11/15/2006									X Officer (give title Other (specify below)  Senior Vice President						
(Street) KING OI PRUSSIA	A PA		.9406 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Indi Line)  X									ine)	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Ac	quire	d, Di	sposed o	of, o	r Bei	nefici	ally	Owne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					ay/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A d Of (D) (Instr. 3,				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Cod	e v	Amount	(A) or (D)		Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Class B Common Stock 11				11/15	5/2006				A		6,000	O <sup>(1)</sup> A		\$	0	52,525		D	)	
		Та									osed of, convertib					vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date,		ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercise Expiration Date (Month/Day/Yea		Am Sec Und Der Sec	7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		Deriv Secu	Price of ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Titl	of	umber hares						

## **Explanation of Responses:**

1. These shares were granted pursuant to the 2001 Employees' Restricted Stock Purchase Plan, as amended, and shall vest on November 15, 2010.

Charles F. Boyle, Attorney-in-

**Fact** 

11/17/2006 Date

\*\* Signature of Reporting Person

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

- $^{\star}$  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).

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.