FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## 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

| Name and Address of Reporting Person*     WRIGHT RICHARD C                         |   |  |   |         |         | 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC UHS ] |   |         |                             |        |  |                 |   |  | (Check all applic |   | or<br>(give title   |                                    | 10% Owner Other (specify below)  |                                       |  |
|--|---|--|---|---------|---------|---|---|---------|-----------------------------|--------|--|-----------------|---|--|-------------------|---|---|------------------------------------|--|---------------------------------------|--|
| (Last) (First) (Middle) UHS OF DELAWARE, INC. 1516 EAST FRANKLIN STREET, SUITE 202 |   |  |   |         |         | 3. Date of Earliest Transaction (Month/Day/Year) 04/30/2008                     |   |         |                             |        |  |                 |   |  |                   | Vice President                            |   |                                    |  |                                       |  |
| (Street) CHAPEL HILL NC 27514  (City) (State) (Zip)                                |   |  |   |         |         | 4. If Amendment, Date of Original Filed (Month/Day/Year)                        |   |         |                             |        |  |                 |   |  | Indivi            | ′   |   |                                    |  |                                       |  |
|  |   | Tab  | le I - Noi  | n-Deriv | /ative  | e Se  | curit   | ties Ac | quire                       | d, Di  | isp  | osed o          | f, or Be                                | neficia  | lly C             | wned                                      |   |                                    |  |                                       |  |
| Date   |   |  |   | ate     |         |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |         | sactio<br>e (Insi           |        | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5) |                 |   |  |                   | s<br>ally<br>ollowing                     | Form<br>(D) o   | n: Direct<br>r Indirect<br>str. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                      |                                       |  |
|  |   |  |   |         |         |   |   |         | Cod                         | e V    |  | Amount          | (A) or<br>(D)                           | Price  | - 1               | Reported<br>Transact<br>(Instr. 3 a       | ion(s)  |                                    |  | (Instr. 4)                            |  |
| Class B Common Stock 04/30/  |   |  |   |         |         | 2008  |   |         | M                           |        |  | 15,000          | 0 A                                     | \$48   | .85               | 19,000                                    |   |                                    | D  |                                       |  |
| Class B Common Stock 04/30/  |   |  |   |         |         | 0/2008  |   |         |                             |        |  | 11,698          | 8 D                                     | \$62   | \$62.64 7,3       |   | 302   |                                    | D  |                                       |  |
|  |   | -  | Table II -  |         |         |   |   |         |                             |        |  |                 | or Bene<br>ble secu                     |  |                   | vned                                      |   |                                    |  |                                       |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution if<br>if any<br>(Month/Day | Date,   | Code (I |   | of I  |         | 6. Date<br>Expira<br>(Month | ion Da | ate  | ble and         | of Securiti<br>Underlying<br>Derivative | 7. Title and Amount of Securities Underlying Derivative Security Instr. 3 and 4) |                   | Price of<br>rivative<br>curity<br>str. 5) | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | s<br>Silly                         | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  |   |         | Code    | v   | (A)   | (D)     | Date<br>Exerci              | sable  |  | piration<br>ate | Title                                   | Amoun<br>or<br>Numbe<br>of<br>Shares   |                   |   |   |                                    |  |                                       |  |
| Option To<br>Purchase<br>Class B<br>Common   | \$48.85   | 04/30/2008                                 |   |         | М       |   |   | 15,000  | (1)                         | 1      | 03   | /14/2010        | Class B<br>Common<br>Stock              | 15,000   | 0                 | \$0                                       | 5,000   |                                    | D  |                                       |  |

## **Explanation of Responses:**

1. Options vest ratably on each of 3/15/2006, 3/15/2007, 3/15/2008 and 3/15/2009.

/s/ Steve Filton, attorney-in-fact 05/01/2008

\*\* Signature of Reporting Person

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.