FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

l	OMB APPROVAL								
l	OMB Number:	3235-0287							
l	Estimated average burde	en							
l	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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* FILTON STEVE						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% Owner V Officer (give title Other (specify				
					3. Date of Earliest Transaction (Month/Day/Year) 03/23/2016							X Office (give the Corner (specify below) Senior Vice President & CFO					
PRUSSIA		19406 (Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)					action 2A. Deemed Execution Date,			3. Transactio	4. Securi Disposed 5)	of, or Bel ties Acquire d Of (D) (Ins (A) or (D)	ed (A) or tr. 3, 4 and	5. Amou Securitie Benefici	nt of 6. Fo (D) (D) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	orm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
		-	Fable II - Dei e.ç()					uired, Dis s, options,				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	Execution Date, if any	Code	Transaction Code (Instr.		ve es ed ed nstr.	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Option To Purchase Class B Common	\$118.62	03/23/2016		A		70,000		(1)	03/22/2021	Class B Common Stock	70,000	\$118.62	70,000	D			

Explanation of Responses:

1. Option vests ratably on each of 3/23/2017, 3/23/2018, 3/23/2019 and 3/23/2020.

/s/ Charles F. Boyle, Attorneyin-Fact for Mr. Filton 03/24/2016

** 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.