FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								

0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden hours per response: Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1(b)

					UI C	Section	30(11)	oi tile	IIIVESIIII	eni C	ilipally Act	01 1940							
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
PANTALEONI ANTHONY						UHS]								X	Direc	ctor	10% (	Owner	
															Offic	er (give title	Other below	Other (specify	
` '	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									Delo	w)	below	,	
FULBRIGHT & JAWORSKI LLP					05/	05/08/2015													
666 FIFTH AVENUE					4 If	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Stroot)						4. II Amendment, Date of Original Filed (World / Day/ Teal)								Line)					
(Street) NEW YORK NY 10103															•	Reporting Pers			
														Form filed by More than One Reporting Person					
(City)	(St	ate) (	(Zip)																
		Tab	le I - No	on-Deriv	ative	Sec	uritie	s Ac	quirec	l, Di	sposed o	f, or B	enefic	ially	Owne	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)					Executive (Year)		Deemed cution Date, y nth/Day/Year)				es Acquired (A) o Of (D) (Instr. 3, 4 a		nd 5) Secur Bene Owne		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			(111501.4)		
Class B Common Stock 05/08/20					2015	015			S		7,700	D	\$120	.078		0	D		
		Ta	able II -								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. Dee Execution if any (Month/	on Date,	Date, Transac Code (Ir				6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Pr Deri Secu (Inst	ative derivative rity Securities		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						

**Explanation of Responses:** 

/s/ Anthony Pantaleoni

05/11/2015

\*\* 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.