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

0.5

hours per response:

5. Relationship of Reporting Person(s) to Issuer

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name **and** Ticker or Trading Symbol

Name and Address of Reporting Person* MILLER ALAN B (Last) (First) (Middle)					er Name and Ticke VERSAL HE				(Chec	S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner X Officer (give title below)				
(Last) (First) (Middle) UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD				3. Date 01/20	e of Earliest Transa /2012	ction (M	lonth/[Day/Year)		•	n and CEO	,		
(Street) KING OF PRUSSIA (City)	PA (State)	19406 (Zip)		4. If An	nendment, Date of	Original	Filed	(Month/Day/Y	Line)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
			n-Deriva	tive S	ecurities Acq	uired,	Dis	posed of,	or Ben	eficially	Owned			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)	Acquired (D) (Instr	(A) or . 3, 4 and	5. Amount of Securities Beneficially Owned Following Reported	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	Transaction(s) (Instr. 3 and 4)		(111341.4)	
Class B Comm	on Stock		01/20/	2012		F		1,877	D	\$37.26	398,783	D		
Class B Comm	oon Stock										27,982	I	By The Abby Miller King 2010 GRAT	
Class B Comm	on Stock										22,698	I	By The Abby Miller King 2010 GRAT (A)	
Class B Comm	oon Stock										27,982	I	By The Marc Daniel Miller 2010 GRAT	
Class B Comm	oon Stock										22,698	I	By The Marc Daniel Miller 2010 GRAT (A)	
Class B Comm	on Stock										27,982	I	By The Marni Spencer 2010 GRAT	
Class B Comm	oon Stock										22,698	I	By The Marni Spencer 2010 GRAT (A)	
Class B Comm	non Stock										2,560	I	By Wife	
		Table II	Dorivativ	10 S00	urities Acqui	od D	icno	sed of or	Ponof	icially O	wned			

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3) 1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security Conversion or Exercise Price of Derivative Security	3. Transaction Ta Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year)	Greenseriva Execution Date, if any (e.g., p (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)	4.		the sum led u of wartants, Securities Acquired Acquired Befored Befored Acquired		if Cata Trispis sector, Expiration Date Applians, Capyvertib 6. Date Exercisable and Expiration Date (Month/Day/Year)		DA Bieneficially Amount of Amount of Geographics of Control of Con		(Instr. 5) 8. Price of Derivative	9. Number of derivative Securities Beneficially Owned Pollumber of Resident Security	10. Ownership Form: Direct (D) or Indirect (M) (Instr. 4) Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4) 11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	Dispo of (D) (Instrand 5 (A)	sed 3, 4	Date Exercisable	Expiration Date	and 4)			Following Reported Transaction(s) (Instr. 4)	(i) (iiisti. 4)	
Explanation	of Respons	es:		Code	v	(A)	(D)	Date Exercisable	Expiratic/S/ Date Fac		or Number		01/23/201	<u>2</u>	

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).