FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
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).

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*  Gibbs Lawrence S.  (Last) (First) (Middle)  48 CRESCENT ROAD						Issuer Name and Ticker or Trading Symbol     UNIVERSAL HEALTH SERVICES INC [     UHS ]      Date of Earliest Transaction (Month/Day/Year)     03/11/2022								(Che	eck all app Directory  Officetory	licable) tor er (give title /)	g Person(s) to Issuer 10% Owner Other (specify below)		wner
(Street) LIVING (City)	STON N		7039 Zip)		4. If <i>F</i>									6. In Line	′				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				tion 2A. Deemed Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				Benefic	ies cially Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	(A) (D)	or	Price		ction(s)			, ,		
Class B C	lass B Common Stock 03/11/202		2022	022		S <sup>(1)</sup>		1,307	1,307 D		\$153	1	1,869		D				
Table II - Deriv		eng., pu med on Date,	ve Securities Acquits, calls, warrants,  4. Transaction Code (Instr. 8)  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		red, Disposed of, o		or Beneficially le securities)  7. Title and Amount of Securities				y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)						

## **Explanation of Responses:**

1. All shares were sold at the same price of \$153.00.

/s/ Lawrence S. Gibbs

03/14/2022

\*\* Signature of Reporting Person

Date

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.