FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

**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*     Miller Marc D					<u>U</u>	2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [ UHS ]								(Che	5. Relationship of Reporting Person(s) to Is (Check all applicable)  X Director 10% C				vner
(Last)	(F	irst)	(Middle)												below)	(give title		Other (s below)	specify
UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD						3. Date of Earliest Transaction (Month/Day/Year) 03/26/2014										Pres	sident	t	
(Street) KING OF PA 19406			4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person						
PRUSSI	A 11				Form filed by More than One Reporting Person														
(City)	(S	tate)	(Zip)																
		Tak	le I - Noi	n-Deri	vativ	e Se	curities	s Ac	quired, [	Disp	osed o	f, or B	enef	ficially	/ Owned				
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date)					ear)   i	Execution if any	A. Deemed kecution Date, any lonth/Day/Year)				ities Acquired (A) d Of (D) (Instr. 3, 4			5. Amou Securitie Beneficia Owned F Reported	s ally ollowing	Form (D) o	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	ode V Amou		(A) (D)	or	Price	Transact	Transaction(s) (Instr. 3 and 4)			(11150.4)		
									uired, Di , options						Owned			•	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, T	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration (Month/Day	Date		nd 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	B. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	or Nu of	ımber					
Option To Purchase Class B Common	\$78.17	03/26/2014			A		90,000		(1)	0	3/25/2019	Class B Common Stock	90	0,000	\$78.17	90,000	0	D	

## **Explanation of Responses:**

1. Option vests ratably on each of 3/26/2015, 3/26/2016, 3/26/2017 and 3/26/2018.

/s/ Steve Filton, Attorney in Fact for Marc D. Miller

03/28/2014

\*\* 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.