FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| ha nas saanaa. | 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* FILTON STEVE | | | | | <u>U</u> | 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 X Officer (give title Other (specify below) Executive Vice President & CFO | | | | | |
|--|---|--|--|---|---|---|---|--------|--|---------|------------------------|---------------------------------|--|--|----|---|---|--|--|
| (Last) (First) (Middle) UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/10/2021 | | | | | | | | | | | | | | |
| (Street) KING OF PA 19406 PRUSSIA | | | | 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 Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tak | ole I - N | on-Deri | vativ | e Se | curit | ies Ac | quire | d, Di | sposed o | f, or Be | neficial | ly Owned | | | | | |
| Da | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transactio (Instr. 3 an | | | | (Instr. 4) | |
| Class B C | Common Sto | ock | | 03/10/ | 03/10/2021 | | | | M | | 20,000 | A | \$131.36 | 1.36 126,854 | | D | | | |
| Class B Common Stock 03/10/2 | | | | | 2021 |)21 | | F | | 18,891 | D | \$131.36 | 107,963 | | D | | | | |
| Class B Common Stock | | | | | | | | | | | | | | 80,5 | 00 |] | I | The Betsy H. Filton 2020 Irrevocable Trust | |
| Class B Common Stock | | | | | | | | | | | | | | 80,5 | 00 | 1 | I | The Steve G. Filton 2020 Irrevocable Trust | |
| | | | Table II | | | | | | | | posed of, convertil | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution if any | 3A. Deemed Execution Date, if any (Month/Day/Year) | | ction Instr. | | | 6. Date Expirat (Month | tion Da | | | ties ng e Security | Derivative Security (Instr. 5) Bene Own Folic Repo | | ities Form: licially Direct or Indi ving (I) (Instantial) | | Beneficial Ownership ect (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Option To Purchase Class B Common Stock | \$118.62 | 03/10/2021 | | | M | | | 20,000 | (1) |) | 03/22/2021 | Class B Common Stock | 20,000 | \$0 | | 0 I | | | |

Explanation of Responses:

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

/s/ Steve Filton

03/10/2021

** 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).