FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| | | | | U | Secu | 1011 30(11) (| or the | invesiment c | company Aci | 01 1940 | | | | | |
|--|---------|---|----------------|--|---|-----------------|---|---------------------|---|---|--|--|--|---------------------------------------|--|
| 1. Name and Address of Reporting Person* McDonnell Eileen C. | | | <u>U</u> | 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC | | | | | [(Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| | | | (Middle) | _ U | UHS] | | | | | | X Director Officer below) | (give title | | (specify | |
| (Last) (First) (Middle) THE PENN MUTUAL LIFE INSURANCE COMPANY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/18/2020 | | | | | 20.01.) | | 201011, | | | |
| 600 DRESHER ROAD | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | AM PA | A | 19044 | | | | | | | | | X Form f | iled by More | Reporting Pers than One Rep | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | |
| | | Tab | ole I - Non-De | rivativ | e Se | curities | s Ac | quired, D | isposed (| of, or Be | neficial | ly Owned | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date | | Code (Instr. 5) | | | ed (A) or str. 3, 4 and | Beneficia Owned F | es Fally (Following (| 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code V | Amount | (A) o (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | (Instr. 4) | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year) | | Code | ransaction of Ode (Instr. Derivative | | Expiration Date of Se (Month/Day/Year) Under | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Option To Purchase Class B | \$67.69 | 03/18/2020 | | A ⁽¹⁾ | | 10,000 | | (2) | 03/17/2025 | Class B Common | 10,000 | \$67.69 | 10,000 | D | |

Explanation of Responses:

Common Stock

- 1. Option granted to purchase shares of Class B Common Stock under the Company's Third Amended and Restated 2005 Stock Incentive Plan.
- 2. Option vests ratably on each of 3/18/2021, 3/18/2022, 3/18/2023 and 3/18/2024.

/s/ Steve Filton, Attorney-in-Fact for Ms. McDonnell

03/20/2020

** 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.