FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

1. Name and Address of Reporting Person* Gibbs Lawrence S.						2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC UHS]								(Check all a		ship of Reporting applicable) rector fficer (give title		son(s) to Iss 10% Ov Other (s	vner	
(Last) (First) (Middle) CANNONBALL TRADING, LLC 22 TRAFALGAR DRIVE				05/	3. Date of Earliest Transaction (Month/Day/Year) 05/27/2015								La alla	below)			below)	alia alala		
(Street) LIVINGSTON NJ 07039 (City) (State) (Zip)					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								ne) X	′					
		Tab	le I - No	n-Deriv	/ative	e Se	curit	ies Ac	quired	, Dis	sposed o	of, or Be	neficia	ally	Owned	<u> </u>				
Date				Date	Date Month/Day/Year)			med on Date, Day/Yea	Code	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Class B Common Stock 05/27/2					//2015	2015		М		3,750	A	\$78.	.17	17 5,143 Г		D				
Class B Common Stock 05/27/2					//2015	5					2,314	D	\$126	26.68 2		,829		D		
		-	Γable II -								osed of converti				wned		,	,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transa Code (8)		n of		6. Date E Expiratio (Month/E	n Date	Amount of		f s g Security	Di Si (li	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i liy i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares	r						
Option To Purchase Class B Common	\$78.17	05/27/2015			M			3,750	(1)		03/25/2019	Class B Common Stock	3,750		\$0	11,250		D		

Explanation of Responses:

1. Option vested on 3/26/2015.

/s/ Steve Filton, Attorney-in-Fact for Mr. Gibbs

05/28/2015

** 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.