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(h) |

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* PANTALEONI ANTHONY | | | | | | 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [UHS] | | | | | | | | of Reporting cable) or | g Perso | on(s) to Issu 10% Ow | |
|--|---|--|---|------------------|--|---|---|--|-----|----------------|--|--|---|--|---------|--|---|
| _ | FULBRIGHT & JAWORSKI LLP | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/20/2010 | | | | | | | | | Other (s below) | pecify |
| 666 FIFTH AVENUE (Street) NEW YORK NY 10103 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 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) | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/Date) | | | | | Execution Date, | | | Transaction Disposed Code (Instr. 5) | | | ties Acquire I Of (D) (Ins | | | es ally Following | Form: | Direct C Indirect E tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Code | , . | Amount | (A) or (D) Price | | Reported Transact (Instr. 3 | ction(s) | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Ye | Code (Instr | | | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | | 7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | | piration te | Title | Amount or Number of Shares | | | | | |
| Option To Purchase Class B Common Stock | \$30.32 | 01/20/2010 | | A ⁽¹⁾ | | 15,000 | | (2) | 01/ | /20/2015 | Class B Common Stock | 15,000 | \$0 | 15,000 | | D | |

Explanation of Responses:

- 1. Option granted to purchase shares of Class B Common Stock under the Company's 2005 Stock Incentive Plan.
- 2. The option vests ratably on each of 1/20/2011, 1/20/2012, 1/20/2013 and 1/20/2014.

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

01/21/2010

** 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.