Instruction 1(b)

FORM 5

Form 3 Holdings Reported.

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

	OMB APPROVAL								
	OMB Number:	3235-0362							
	Estimated average burden								
- 1	hours nor resnance.	1.0							

Form 4 Transacti	ons Reported.	File	ed pursuant to or Section					ities Excha ompany Ac									
1. Name and Addres MILLER AL (Last) 367 SOUTH GU	Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2009 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC UHS 1. UHS					<u>NC</u> [S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner X Officer (give title below) Chairman and CEO										
(Street) KING PRUSSIA	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										
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (In	estr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Disposed	Securit Benefic		ies O cially Fo			7. Nature of Indirect Beneficial Ownership	
							Amour	nt	(A) or (D) Price		Issuer's Fiscal Year (Instr. 3 and 4)		Fiscal	(D) or Indirect (I) (Instr. 4)		(Instr. 4)	
Class B Commor	12/14/2009		G5		5	20,	000(1)	D	\$0		416,254			D			
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) Price or Derivat Securit	cise (Month/Day/Year) f ive	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	Expir (Mon rities sired rosed) 3, 4 s)		ration Date tht/Day/Year) Expiration		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares		nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership tt (Instr. 4)	

Explanation of Responses:

1. 20,000 shares reflects a two-for-one stock split paid on December 15, 2009 to shareholders of record as of December 1, 2009.

/s/ Alan B. Miller

02/19/2010

** 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.