FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL

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

OND AFFROVAL								
OMB Number:	3235-0287							
Estimated average	burden							
hours per response	: 0.5							

1. Name and Address of Reporting Person*  MILLER ALAN B				2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				UHS 1							`	X Directo	r	X	10% Ov	vner	
(Last)	(F	irst)	(Middle)		,,,,								X Officer below)	(give title		Other (s below)	specify
UNIVERSAL HEALTH SERVICES, INC.			3	. Date	of Earliest	Trans	action (Mon	th/Day/	Year)			Chair	man, Pre	siden	t and CEC	)	
			1	11/21/2008							'						
367 SOUTH GULPH ROAD																	
(Street)			4	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
KING O	- D/	A	19406										X Form fi	led by One	Repo	rting Persor	1
PRUSSL	A											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/D			2. Transacti					ed (A) or	5. Amoui				7. Nature of				
				Day/Year) Execution Date, if any (Month/Day/Yea		Code (Instr.		str. 3, 4 and	5) Securitie Beneficia			r Indirect B	Indirect Beneficial Ownership				
			Jiiiii Dayi						Owned F	ollowing							
			Code			/ An	nount	nt (A) or Pr		Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																
								, options									
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Tr. Security or Exercise (Month/Day/Year) if any Co		e, Trans Code	5. Number of Derivative Securities Acquired (A) or (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and of Securities Underlying Derivative S (Instr. 3 and		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisable	Expir: Date	ation	Title	Amount or Number of Shares	;	(Instr. 4)			
Option To Purchase Class B Common	\$32.44	11/21/2008		A <sup>(1)</sup>		295,000		(2)	11/21	/2013	Class B Common Stock	295,000	\$0	295,00	00	D	

## **Explanation of Responses:**

- 1. Option granted to purchase shares of Class B Common Stock under the Company's 2005 Stock Incentive Plan.
- $2. \ The \ option \ vests \ ratably \ on \ each \ of \ 11/21/2009, \ 11/21/2010, \ 11/21/2011 \ and \ 11/21/2012.$

/s/ Steve Filton, Attorney-in-

11/24/2008

\*\* Signature of Reporting Person

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.