Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burden										
- 1	hours nor roomanas	. 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

Name and Address of Reporting Person*     Chen-Langenmayr Nina					2. Issuer Name <b>and</b> Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Chen-Langenniayi Nina				UHS	UHS ]							X	Direc	tor		10% O	wner			
(Last) (First) (Middle)														Officer (give title below)			Other ( below)	specify		
211 N. 13TH STREET						3. Date of Earliest Transaction (Month/Day/Year) 09/21/2022														
4TH FLO	OOR					371-31-34-														
					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)						
(Street)					1									l ′	X Form filed by One Reporting Person					
PHILAD	ELPHIA P.	A 1	9107												Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	ľip)												reisc	) i i				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)				4 and Securi Benefi		ties Fo cially (D I Following (I)		vnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code V		Amount	(A) or (D)		rice	Transa	Transaction(s) (Instr. 3 and 4)			(111501.4)			
Class B Common Stock 09/21/2					/2022			A <sup>(1)</sup>		1,405	A		\$ <mark>0</mark>	1,405			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)	erivative conversion or Exercise (Month/Day/Year) Price of Derivative Security  Execution Date, if any (Month/Day/Year)		4. Transa Code ( 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)  Amount or Numbur of Shares		oer	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					

## **Explanation of Responses:**

1. These restricted stock units were granted pursuant to the Universal Health Services, Inc. Amended and Restated 2020 Omnibus Stock and Incentive Plan and all units shall vest on September 21, 2023.

/s/ Steve Filton, Attorney-in-

Fact for Ms. Chen-

Langenmayr

09/23/2022

\*\* 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.