FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGE	S IN BENEFICIAL	OWNERSHIP

OMB APPRO	VAL				
OMB Number:	3235-0287				
Estimated average burden					
hours per response:	0.5				

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

1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [Relationship of Reporting Person(s) to Issuer (Check all applicable)					
MILLER ALAN B						IS]	<u> </u>			<u>DETCY TO I</u>	<u> </u>	X Director X 10% Owner					
(Last)	(Fir	rst) (Middle)											icer (give low)	title		ner (specify low)
UNIVER	SAL HEAI	TH SERVICES	, INC.			Date of Earl	iest Tran	saction	(Mon	th/Day/Year)	C	hairman	, Presid	ent and	CEO		
367 SOU	TH GULPH	H ROAD			11/	06/2007											
(Street)					4. If	Amendme	nt, Date	of Origi	nal Fil	ed (Month/Da	ay/Year)		6. Individua Line)	or Joint/0	Group Fil	ing (Che	ck Applicable
KING O	PΛ		19406										,	rm filed b	y One Re	eporting F	Person
PRUSSIA	A 											Form filed by More than One Reporting Person					
(City)	(St	ate) (Zip)														
		Tabl	e I - N	lon-Deriv	ative	Securit	ies Ac	quire	d, D	isposed o	f, or B	enefic	ially Ow	ned			
		2. Transaction Date (Month/Day/Year		Execution Date,		Transaction Disposed Of Code (Instr. 5)		s Acquired (A) or f (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	ion(s)			(Instr. 4)
Class B C	Common Sto	ock		11/06/20	007			J ⁽¹⁾		7,073	D	(1)		0		I	By Spouse
Class B C	Common Sto	ock											370	,267	I)	
Class B C	Common Sto	ock											22,	840		I	By The Abby Miller King 2006 GRAT
Class B C	Common Sto	ck											23,	000		I	By Alan Miller Family Foundation ⁽²⁾
Class B Common Stock												22,	840		I	By The Marni Spencer 2006 GRAT	
Class B Common Stock												22,	840		,	By The Marc D. Miller 2006 GRAT	
		Та	ıble II							oosed of, convertib				d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, i/Day/Year)	4. Transa Code (8)	5. Se Action (A) Dis of (Instr. Se Action (A) Dis of (In an	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			cisable and late Year)	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Amount or Number of Title Shares		8. Price o Derivative Security (Instr. 5)	derivat Securit Benefic Owned Follow Report Transa	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. Jill S. Miller, Mr. Miller?s spouse, transferred these shares of UHS Class B Common Stock to MMA Family, LLC. Mr. Miller does not beneficially own any shares of UHS Class B Common Stock that are held by the MMA Family, LLC

2. Mr. Miller disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that Mr. Miller is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

/s/ Steve Filton, Attorney-in-

11/06/2007

Fact

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

^{*} 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).

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.	