FORM 4

Class B Common Stock

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

3,750

3,750

3,750

3,750

7,561

6,500

A

A

A

Α

D

D

\$30.32

\$43.67

\$36.95

\$53.38

\$81.5

\$80.2626

16,087

19,837

23,587

27,337

19,776

13,276

D

D

D

D

D

D

OMB APPROVAL									
OMP Number:	2225 026								

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).

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  HERRELL JOHN H  (Last) (First) (Middle)  UNIVERSAL HEALTH SERVICES, INC.  367 SOUTH GULPH ROAD				suer Name <b>and</b> Ticl NIVERSAL H [S]		_	,		ationship of Reportin call applicable) Director Officer (give title	10% (		
				rate of Earliest Trans 05/2014	saction (	(Month	n/Day/Year)		below)	below		
(Street) KING OF PRUSSIA (City)	PA (State)	19406 (Zip)	4. If	Amendment, Date o	of Origin	al File	d (Month/Day	/Year)	6. Indiv Line) X	ridual or Joint/Group Form filed by One Form filed by Moi Person	e Reporting Pers	son
(City)	(State)		on-Derivative	Securities Ac	quire	d, Dis	sposed of,	, or Be	neficially	Owned		
D. This of Security (means)		2. Transaction Date (Month/Day/Year)	Execution Date,		action (Instr.	4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

M

M

M

F

**S**<sup>(1)</sup>

03/05/2014

03/05/2014

03/05/2014

03/05/2014

03/05/2014

03/06/2014

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/Year)	4. Transa Code ( 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Option To Purchase Class B Common Stock	\$30.32	03/05/2014		М			3,750	(2)	01/19/2015	Class B Common Stock	3,750	\$0	0	D	
Option To Purchase Class B Common Stock	\$43.67	03/05/2014		М			3,750	(3)	01/18/2016	Class B Common Stock	3,750	\$0	3,750	D	
Option To Purchase Class B Common Stock	\$36.95	03/05/2014		М			3,750	(4)	01/17/2017	Class B Common Stock	3,750	\$0	7,500	D	
Option To Purchase Class B Common Stock	\$53.38	03/05/2014		M			3,750	(5)	01/15/2018	Class B Common Stock	3,750	\$0	11,250	D	

#### **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$79.94 to \$80.61, inclusive. The reporting person undertakes to provide to Universal Health Services, Inc. (the "Company"), any stockholder of the Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in Footnote 1.
- 2. The option vested on 1/20/2014.
- 3. The option vested on 1/19/2014.
- 4. The option vested on 1/18/2014.
- 5. The option vested on 1/16/2014.

/s/ Mr. John H. Herrell

03/07/2014

\*\* 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.