Instruction 1(b).

FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 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

1. Name and Address of Reporting Person* FILTON STEVE						2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
						UHS]								Officer	(give title		Other (s	· I		
(Last)	(Fi	rst)	(Middle)											helow)			below)	· ·		
UNIVERSAL HEALTH SERVICES, INC.							3. Date of Earliest Transaction (Month/Day/Year)								Executive Vice President & CFO					
367 SOUTH GULPH ROAD						03/29/2017														
							A If Among discount Date of Original Filed (Marsh/D								C. Individual or Jaint/Croup Filing (Charle Arritisable					
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
KING O	D/	١	19406											X Form f	iled by One	Repo	rting Perso	ո		
PRUSSIA	111		13400											Form f Persor	led by More than One Repo		ting			
,			<i>-</i>											F 61301						
(City)	(S	tate)	(Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac							2A. Deem		3. 4. Securities Acquired (A)					5. Amou				7. Nature		
Date (Month/Da									Code (Instr. 5)			tr. 3, 4 and	Benefici	lly (D) o		Indirect	of Indirect Beneficial			
						(Month/Day/Yea							Owned Following Reported		(i) (Instr. 4)		Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
		'							, options					Owned						
1. Title of	2.	3. Transaction	3A. Deemed	4.	Transaction Code (Instr.				6. Date Exercis		ble and	7. Title an	d Amount	8. Price of	9. Number	of	10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution D						Expiration Date (Month/Day/Year) Underlying Derivative Sect (Instr. 3 and 4)					Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of Derivative	((Month/Day/									Security	(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)			
	Derivative Security				(A) or Disposed								Follo			(I) (Instr. 4)	(111501.4)			
							of (D) (I	nstr.							Reported Transaction(s) (Instr. 4)					
							3, 4 and 5)						Amount	-	(111501. 4)					
													or							
									Date		xpiration		Number of							
				- c	ode	V	(A)	(D)	Exercisable	D	ate	Title	Shares	<u> </u>		_				
Option To Purchase												Class B								
Class B Common	\$124.56	03/29/2017			A		70,000		(1)	03	3/28/2022	Common Stock	70,000	\$124.56	70,000		D			
Stock	1	1												1				1		

Explanation of Responses:

1. Option vests ratably on each of 3/29/2018, 3/29/2019, 3/29/2020 and 3/29/2021.

/s/ Charles F. Boyle, Attorney-03/30/2017 in-Fact for Mr. Filton

** 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.