FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average I	hurden

0.5

hours per response:

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									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
MILLER ALAN B					UHS ]									X	Direc	tor	2	X 10% C	wner	
(Last)	(Fir	rst) (	Middle)		UH	.5 ]									X	Office	er (give title v)		Other below)	(specify
UNIVERSAL HEALTH SERVICES, INC.					3. D	3. Date of Earliest Transaction (Month/Day/Year)									Chairman, President and CEO					
367 SOUTH GULPH ROAD			06/04/2008																	
30/ SOUTH GULPH ROAD																				
(Street)	100/03/2000								6. Individual or Joint/Group Filing (Check Applica Line)											
KING OI	DΔ	. 1	9406												X	Form	filed by One	e Rep	porting Pers	on
PRUSSIA	<b>.</b>															Form Pers	n filed by Mo on	re tha	an One Rep	orting
(City)	(St	ate) (	Zip)																	
		Tabl	e I - Non	-Deriva	ative	Sec	curitie	s Ac	quire	d, Dis	sposed o	of, o	r Ber	efici	ally (	Owne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				ay/Year) Execut		xecutio any	. Deemed ecution Date, iny onth/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,			4 and Secu Bene Own		urities   I eficially ( ned Following   (		ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Cod	e V	Amount		(A) or (D)	Price	e		ction(s) and 4)			(Instr. 4)
Class B Common Stock 06/04/2				2008(1)			G	V	20,00	20,000 D		\$	0	251,667			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 Date Execution Date, or Exercise (Month/Day/Year) if any			Date, 1	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		İ			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (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 Exerci	sable	Expiration Date	Titl	or Nu of	nount mber ares						

## **Explanation of Responses:**

 $1. \ The \ original \ Form \ 4 \ listed \ the \ incorrect \ transaction \ date. \ The \ Form \ 4 \ is \ being \ amended \ to \ reflect \ the \ correct \ transaction \ date.$ 

/s/ Steve Filton, Attorney-in-

**Fact** 

06/05/2008

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.