FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL							
	OMB Number:	3235-0287							
l	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*  OSTEEN DEBRA K  (Last) (First) (Middle)  UNIVERSAL CORPORATE CENTER  367SOUTH GULPH ROAD					UI UH	2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [ UHS ]  3. Date of Earliest Transaction (Month/Day/Year) 11/23/2004									Check all	below)			10% Owner Other (specification) resident	
(Street)	Street) KING OF PRUSSIA PA 19406					4. If Amendment, Date of Original Filed (Month/Day/Year)									ine) X I	idual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					action	ction 2A. Deemed Execution Date,			3. Trans	action	4. Securit	ties Acquired (A)		(A) or	or 5. An 4 and Secu Bene Owne Repo		mount of urities eficially ed Following		Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Class B Common Stock 11/23/. Class B Common Stock 11/23/.								S		5,000 4,700		D D	\$45	_	48,258 43,558			D D		
Class B C					3/2004				S		300		D	\$45	5.72	2 43,258			D	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Ta  3. Transaction Date (Month/Day/Year)		e.g., pu		alls	5. Nu of Deriv Secu Acqu (A) o Dispo	rants, imber vative irities ired r osed )	option	Exercise on Date Day/Ye		7. Ti Amo Secu Und Deri	tle and punt of urities erlying vative urity (In: 4)	str. 3		of ive	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)

**Explanation of Responses:** 

Debra K. Osteen

11/29/2004

\*\* 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.