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## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								

hours per response:	0.5
Estimated average burden	

1. Name and Addre	ess of Reporting Pers	son*	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>UNIVERSAL HEALTH SERVICES INC</u> [	(Check	tionship of Reporting Person(s) to Issuer x all applicable)			
<u>DOCHT LEMINCE</u>			UHS ]	X	Director	10% Owner		
(Last)	(Last) (First) (Middle)				Officer (give title below)	Other (specify below)		
NDRI	(1130)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/30/2012		,	,		
1628 JFK BOULEVARD, 8TH FLOOR		LOOR						
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Filing (Check Applicable			
(Street) PHILADELPHIA PA 19103		19103			Form filed by One Rep Form filed by More tha Person	ů.		
(City)	(State)	(Zip)			F 613011			

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Table 1 Tion Derivative dedatates Adquired, Disposed of, or Derenolary Office												
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)		
Class B Common Stock	11/30/2012		М		2,500	A	\$16.22	6,500	D			
Class B Common Stock	11/30/2012		М		3,750	A	\$43.67	10,250	D			
Class B Common Stock	11/30/2012		S		2,500	D	\$44.27	7,750	D			
Class B Common Stock	11/30/2012		S		3,375	D	\$44.281	4,375	D			
Class B Common Stock	11/30/2012		S		375	D	\$44.28	4,000	D			

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

	(e.g., puts, calls, warrants, options, convertible securities)															
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)		of Deri Sec Acq (A) o Disp of (I (Inst	Number f erivative ecurities cquired \) or isposed f (D) nstr. 3, 4 hd 5)		Expiration Date		te Amount of		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	\$16.22	11/30/2012		М			2,500	(1)	11/21/2013	Class B Common Stock	2,500	\$0	0	D		
Option To Purchase Class B Common Stock	\$43.67	11/30/2012		М			3,750	(2)	01/19/2016	Class B Common Stock	3,750	\$0	11,250	D		

Explanation of Responses:

1. Option vested on 11/21/2012.

2. The option vests ratably on each of 1/19/2012, 1/19/2013, 1/19/2014 and 1/19/2015.

### /s/ Steve Filton, Attorney-in-Fact for Ms. Ducat

12/03/2012

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.

\*\* Signature of Reporting Person