FORM 4

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

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* MILLER ALAN B						2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [UHS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner X Officer (give title below) Other (specify below)				
(Last) (First) (Middle) UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD					3. Date of Earliest Transaction (Month/Day/Year) 09/12/2014									Chairman and CEO			
(Street) KING OF PRUSSIA PA 19406 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - N	lon-Deriva	ative	Secu	ırities Ad	quire	d, D	isposed o	f, or B	enefic	cially	Owne	ed		
			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			5. Amount of Securities Beneficially Owned Following Reported		ities icially d Following	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)			(111341.4)		
Class B Commo	n Sto	ck		09/12/20	14			S		2,000	D	\$113.	.4475	8	17,782	D	
Class B Commo	n Stoo	ck												5	55,763	I	By The Abby Miller King 2011 Family Trust
Class B Commo	n Stoo	ck												5	9,900	I	The Marc Daniel Miller 2011 Family Trust
Class B Common Stock													55,763		I	The Marni Spencer 2011 Family Trust	
		Та	ble II							oosed of, convertib				vned			
Derivative Conversion Date Execu Security or Exercise (Month/Day/Year) if any		if any			5. Number of		6. Date Exer Expiration D (Month/Day/		cisable and late	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Pr Deriv Secu (Inst	vative derivative Security Security Send Own Follo Repo	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Explanation of Res				C	Code	v	(A) (D)	Date Exerc	isable	Expiration Date		Amount or Number of Shares					

/s/ Alan B. Miller

09/15/2014

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).