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

**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*  HERRELL JOHN H							2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [ UHS ]								ck all applic	cable) or	g Pers	son(s) to Iss 10% O	wner		
(Last)	(F	irst)	(Middle)												Officer below)	(give title		Other ( below)	specify	′	
UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD						3. Date of Earliest Transaction (Month/Day/Year) 03/18/2015															
(Street) KING O PRUSSI	G OF DA 19		19406		4. 1								6. Inc Line)	<sup>'</sup>							
(City)	(State) (Zip)																				
		Tak	ole I - Nor	n-Deriv	/ativ	e Se	curities	s Ac	quired,	Dis	osed c	f, or Be	nefic	cially	Owned						
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)							2A. Deemed Execution Date, if any (Month/Day/Year		Code (I	Transaction Disp Code (Instr. 5)		rities Acquired (A ed Of (D) (Instr. 3,		4 and Securiti Benefic		s ally following	Form (D) o	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) o	r Pr	ice	Transact (Instr. 3 a	ion(s)			(instr.			
		-	Table II -						uired, D , option						Owned						
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. Transaction Code (Instr. 8)				6. Date Ex Expiration (Month/Da	Date		d 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)			B. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		expiration pate	Title	Amo or Num of Shai	ber							
Option To Purchase Class B Common	\$117.29	03/18/2015			A		15,000		(1)	O	3/17/2020	Class B Common Stock	15,0	000	\$117.29	15,000	0	D			

## **Explanation of Responses:**

1. Option vests ratably on each of 3/18/2016, 3/18/2017, 3/18/2018 and 3/18/2019.

/s/ Steve Filton, Attorney-in-Fact for Mr. Herrell

03/19/2015

\*\* 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.