FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washingto

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on, D.C. 20549	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).

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

1. Name and Address of Reporting Person* FILTON STEVE					<u>UI</u>	2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [UHS]								5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Own				
(Last) (First) (Middle) 367 SOUTH GULPH ROAD				3. Date of Earliest Transaction (Month/Day/Year) 09/11/2006								X	below)	er (give title w) nior Vice Preside		Other (s below) ent & CFO		
(Street) KING OF PRUSSIA (City)	A PA		19406 (Zip)		4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)							Indivi ne) X	,				
(City)	(3)			Davis					anning d. Di		-f - D			a al				
1. Title of Security (Instr. 3) 2. Tr Date (Moi			2. Transa Date (Month/E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transactic Code (Ins 8) Code V	4. Sec Dispositr. 5)	Amount (A) or F		nd :	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership Instr. 4)			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Diff any (Month/Day/	d 4 Date, T	ILLES, I. Fransa Code (I	ction	5. Number		, Options, 6. Date Exer Expiration D (Month/Day/	cisable and	7. Title a of Secur Underlyi Derivativ	ble securities 7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
				c	Code	v	(A)	(D)	Date Exercisable	Expiratio Date	n Title	Amoun or Numbe of Shares	r					
Option to purchase Class B Common Stock	\$58.52	09/11/2006			A ⁽¹⁾		35,000		(2)	09/11/203	Class B Common Stock	35,00	0	\$0.00	35,000	0	D	

Explanation of Responses:

- 1. Option granted to purchase shares of Class B Common Stock under the Company's 2005 Stock Incentive Plan.
- 2. The option will vest in four equal annual installments beginning on September 11, 2007.

09/13/2006

Date

** Signature of Reporting Person

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.