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* <u>HERRELL JOHN H</u>						2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC UHS										ionship of Reporting all applicable) Director			to Iss	
(Last)	(Last) (First) (Middle)																er (give title w)		Other (specify below)	
UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD						3. Date of Earliest Transaction (Month/Day/Year) 12/03/2012														
(Street) KING OF PRUSSIA PA 19406				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individue) X	′					
(City)	(St	ate) (Zip)																	
		Tabl	e I - No	n-Deriv	ative	Se	curitie	es Ac	quired,	Dis	posed o	f, or	Ben	eficia	lly C)wne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Da		n Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				and 5) Secu Bene		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) (D)		Price	- 1	Transa	action(s) 3 and 4)			(111311. 4)
Class B Common Stock 12/03/2					/2012	012		S		1,100		D	\$45.05		11,468		D			
Class B Common Stock 12/03/2					/2012	.012		S		100		D	\$45.065		11,368		D			
		Та									sed of, onvertib				/ Ow	ned				
L. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year) if any (Month/Day/Year)			Code (8)	ransaction of ode (Instr. Deriva			6. Date Expiration (Month/E	ear)	Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe		ount nber	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (or Indir (I) (Inst	D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

/s/ Mr. John H. Herrell 12/04/2012

** 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.