Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI
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**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 ar	nd Address of	Reporting Person*			2. 1	2. Issuer Name <b>and</b> Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer					
Name and Address of Reporting Person*     OSTEEN DEBRA K							UNIVERSAL HEALTH SERVICES INC [								(Check all applicable)  Director 10% Owner				
													Office	or (give title		Other (			
(Last)	(Fi	irst)	(Middle)											X below)			below)		
` ′	•	3. [	3. Date of Earliest Transaction (Month/Day/Year)								Vice President								
UNIVERSAL CORPORATE CENTER 367SOUTH GULPH ROAD							03/15/2005												
30/300	III GULFI																		
(Street)							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
KING O	F													X Form filed by One Reporting Person					
PRUSSIA PA 19406													Form filed by More than One Reporting						
														Person					
(City)	(S	tate)	(Zip)																
Table I. Non Derivative Securities Assuired Disposed of as Repolicially Owned																			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac							Execution Date,			Code (Instr. 5)				5. Amou Securitie	ties Form		vnership n: Direct	7. Nature of Indirect	
(Month/Da														Benefici Owned I				Beneficial Ownership	
						(			·   · · · ·			(A) or <sub>Br</sub>		Reporte	Reported Transaction(s)		,	(Instr. 4)	
									Code	V	Amount	(A) (D)	Price	(Instr. 3					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
									, option										
1. Title of	2.	3. Transaction	3A. Deemed		4.		5. Number		6. Date Exercisable						9. Number of		10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution E if any			saction of (Instr. Deriva		ive	Expiration Date (Month/Day/Year)			of Securiti		Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of Derivative	<u> </u>	(Month/Day/Year)		8)		Securiti Acquire		Derivative Secu (Instr. 3 and 4)					(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
Security						(A) or Disposed											(I) (Instr. 4)	(1113411 4)	
							of (D) (I	nstr.							Transacti				
					3, 4 and 5)								(Instr. 4)						
													Amount or						
									Date		xpiration		Number of						
				c	Code	٧	(A)	(D)	Exercisabl		ate	Title	Shares						
Option to Purchase												Class B							
Class B	\$48.85	03/15/2005			Α		35,000		(1)	0	3/15/2010	Common	35,000	\$48.85	135,00	00	D		
Common Stock												Stock							

## **Explanation of Responses:**

1. Options granted to purchase shares of Class B Common Stock of Universal Health Services, Inc. under the Company's Amended and Restated 1992 Stock Option Plan. These options will vest with respect to 25% of the shares under option one year after the date of grant and an additional 25% each anniversary thereafter.

> 03/17/2005 Debra K. Osteen

\*\* 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.