FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	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 an	2. Issuer Name <b>and</b> 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										
(Last) (First) (Middle) UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD							3. Date of Earliest Transaction (Month/Day/Year) 03/26/2015									X Officer (give title below) Other (specify below)  Chairman and CEO					
(Street) KING OF PRUSSIA PA 19406  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicate)  X Form filed by One Reporting Person  Form filed by More than One Report											on					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Exe ) if a	ecution ny	Deemed cution Date, ny nth/Day/Year)		3. 4. Securitie Disposed (Code (Instr. 8)					and 5) Secur Benef Owne		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (D	) or )	Price	Tr	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Class B C	2015		F		2,163		D	\$117.98		518,377		]	D								
		Та									osed of, onvertib				y Own	ed					
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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price Derivat Securit (Instr. 5	ative de ity Se 5) Be Ov Fo Re	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ow For Dir or I (I) (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V (A) (		(D)	Date Expiration Exercisable Date		Title	or Number of											

Explanation of Responses:

/s/ Steve Filton, Attorney-in-Fact for Alan B. Miller

03/26/2015

\*\* Signature of Reporting Person D

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.