## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL						
OMB Number:	3235-0287						
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*  MILLER ALAN B					U	2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC UHS									S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner					
(Last) (First) (Middle) UNIVERSAL CORPORATE CENTER 367 SOUTH GULPH ROAD						3. Date of Earliest Transaction (Month/Day/Year) 11/27/2006									X Officer (give title below) Other (specify below)  Chairman, President and CEO					
(Street) KING OF	PA	. 1	19406		4. If	Ame	ndment,	Date o	of Origina	al File	d (Month/Da	ıy/Year)		Line	) <mark>X</mark> Form	n filed by C	one Re	ing (Check eporting Per an One Re	son	
(City)	(St		Zip)																	
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day			tion	ion 2A. Deemed Execution Date,			3. 4. Securities		of, or Beneficia es Acquired (A) or Of (D) (Instr. 3, 4 and			5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) o (D)	Pric	e	Transact (Instr. 3	tion(s)			(1130.4)	
Class B Common Stock 11/2			11/27/2	1/27/2006				G	V	20,000	D	\$0	.00	456,186			D			
Class B Common Stock 11/27				11/27/2	:006				G	V	6,000	D	\$0	.00	450,186			D		
Class B Common Stock 11/28/				006			G	V	1,500	D	\$0	.00	448,686			D				
Class B C	ommon Sto	ock	295,480 I						I	By MMA Family, LLC										
Class B Common Stock														23,000(1)			I	By Alan B. Miller Family Foundation		
		Та	ıble II -								osed of, convertib				Owned					
Security (Instr. 3) or Exercise Price of Derivative Security (Month/Day/Year) if any (Month/Day/Year) if any (Month/Day/Year)   8)		on Date,	Transa Code (	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exercion Da /Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		3 D S (III	Price of erivative ecurity nstr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
		v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Numbe of Shares											

## **Explanation of Responses:**

1. Mr. Miller disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that Mr. Miller is the beneficial owner of these securities for purposes of Section 16 or for any

Alan B. Miller

11/28/2006

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.