FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1	OND APP	TOVAL								
	OMB Number:	3235-028								
1	Estimated average hurden									

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

Eiled pursuant to Section 16(a) of the Securities Eychange Act of 1034

hours per response: 0.5

mon do	uon 1(b).			i lica							npany Act			5 -1					
Name and Address of Reporting Person* McDonnell Eileen C.				2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC UHS									(Che	elationship (eck all applic	cable)	g Pers	on(s) to Iss		
(Last)	Last) (First) (Middle)					15]								Officer (give title below)			specify		
THE PENN MUTUAL LIFE INSURANCE COMPANY				3. Date of Earliest Transaction (Month/Day/Year) 03/26/2014															
600 DRESHER ROAD				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) HORSHAM PA 19044														- 1	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)																
		Tab	ole I - Non	-Deriva	tive	e Se	curities	s Ac	quired,	Dis	posed o	f, or	Ben	eficiall	y Owned	l			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				saction n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		Transaction Dispo							es Fo ially (D Following (I)		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	0	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
		-	Table II - [)								osed of, onvertil				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Code (Ir					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co	ode	v	(A)	(D)	Date Exercisab		Expiration Date	Title		Amount or Number of Shares					
Option To Purchase Class B	\$78.17	03/26/2014			A		15,000		(1)	0	03/25/2019	Clas Com	ss B mon	15,000	\$78.17	15,000)	D	

Explanation of Responses:

Common Stock

1. Option vests ratably on each of 3/26/2015, 3/26/2016, 3/26/2017 and 3/26/2018.

/s/ Steve Filton, Attorney-in-

Common

03/28/2014

** 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.