FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES I	IN BENEFICIAL	OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average bu	rden								
I	hours per response:	0.5								

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

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

1. Name and Address of Reporting Person\*

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

UNIVERSAL HEALTH SERVICES INC

2. Issuer Name and Ticker or Trading Symbol

HERRELL JOHN H						UNIVERSAL HEALTH SERVICES INC [ UHS ]									Director		10% Ow		ner
(Last) (First) (Middle) UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD				3. [	3. Date of Earliest Transaction (Month/Day/Year) 05/10/2016									Officer pelow)	(give title		Other (s below)	specify	
(Street) KING OF PRUSSIA PA 19406  (City) (State) (Zip)				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
				n-Deriv	/ative	e Se	curit	ies Ac	auired	. Dis	sposed (	of, or Be	neficia	ally Ov	vned	<u> </u>			
1. Title of Security (Instr. 3)			2. Trans	Transaction ate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securit Transaction Code (Instr.		ties Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amount of		nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D) Pric		Tr	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Class B Common Stock				05/10	/2016	/2016					3,750	) A	\$135	5.07	18,017		D		
Class B Common Stock				05/10	)/2016	/2016					3,750	A \$1		5.07	21,767		D		
Class B Common Stock 05/				05/10	)/2016	2016					3,750	) A	\$135	135.07 25		,517		D	
Class B Common Stock 05a				05/10	)/2016	/2016					4,678	3 D	\$135	5.07	20,839			D	
Class B Common Stock 05				05/11	/2016	2016			S		6,000	) D	\$136	\$136.09		,839		D	
		T	able II -									, or Ben			ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Date Execution	n Date,		Transaction Code (Instr.		5. Number 6		6. Date Exercis Expiration Date (Month/Day/Yea		7. Title and Amount o Securities Underlyin Derivative (Instr. 3 ar	f g Security	Deriv Secui (Instr	Price of Derivative Decurity Descriptions (1)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amoun or Numbe of Shares	r					
Option To Purchase Class B Common Stock	\$36.95	05/10/2016			M			3,750	(1)		01/17/2017	Class B Common Stock	3,750	\$	0	0		D	
Option To Purchase Class B Common Stock	\$53.38	05/10/2016			M			3,750	(2)		01/15/2018	Class B Common Stock	3,750	\$	0	3,750		D	
Option To Purchase Class B Common	\$78.17	05/10/2016			M			3,750	(3)		03/25/2019	Class B Common Stock	3,750	\$	0	7,500		D	

## **Explanation of Responses:**

- 1. The option vested on 1/18/2016.
- 2. The option vested on 1/16/2016.
- 3. The option vested on 3/26/2016.

/s/ Mr. John H. Herrell

05/11/2016

\*\* 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.