FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								

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	STATEMENT OF CHANGES IN BENEFICIAL OWN
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person*  HOTZ ROBERT H					<u>U</u>	2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC UHS ]										elationship eck all appli X Directo	cable)	g Pers	son(s) to Iss 10% Ov Other (s	wner
(Last) (First) (Middle) HOULIHAN LOKEY HOWARD & ZUKIN 245 PARK AVENUE, 20TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 05/26/2005										below)		Filing	below)`	
(Street) NEW YORK NY 10167				-   4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person      Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																	
			le I - Noi			_			_		Dis								1	
1. Title of Security (Instr. 3)  2. Trai Date (Mont				Date		execution 2A. Deen Execution if any (Month/I			·,   [	3. Transaction Code (Instr. 8) 4. Securiti Disposed 5)						5. Amou Securiti Benefici Owned I Reporte	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
											v	Amount		(A) or (D)	Price	Transac	Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Class B Common Stock 05/26					6/200	/2005				M <sup>(1)</sup>		20,000 A		(2)	50,000			D		
Class B Common Stock 05/26					6/200	2005				F		13,86	13,866 D \$		\$58.3	5 36	6,134		D	
		•	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. Deeme Execution if any (Month/Day	Date,		ransaction ode (Instr.		lumber ivative urities puired or posed D) (Instr. and 5)	Exp	Date Ex piration onth/Da	n Date	able and 7. Ti of So ur) Undo Deri		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	Ow For Ily Dir or I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	te ercisab		Expiration Date	Title		Amount or Number of Shares					
Option to purchase Class B Common Stock	\$42.4063	05/26/2005			M			10,000	01/	L/17/200	02 0	01/17/2006	Clas Com Sto	mon	10,000	\$42.4063	20,000	0	D	
Option to purchase Class B Common Stock	\$38.5	05/26/2005			М			10,000	03/	3/19/200	04 0	3/19/2008	Clas Com Sto	mon	10,000	\$38.5	10,000	0	D	

## **Explanation of Responses:**

- 1. Consists of Class B Common Stock of Universal Health Services, Inc. (the "Class B Shares") issued upon exercise of stock options to purchase Class B Shares, at exercise prices of \$42.4063 and \$38.50 per
- 2. Exercise prices of \$42.4063 and \$38.50 per share were satisfied through the delivery of 13,866 Class B Shares held by the Reporting Person with a fair market value of \$58.35 per share.

/s/ Robert H. Hotz

05/31/2005

\*\* 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.