FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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*  PANTALEONI ANTHONY						2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC UHS								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
_	Last) (First) (Middle) FULBRIGHT & JAWORSKI LLP 666 FIFTH AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 03/26/2014									Officer elow)	(give title		Other (s below)	pecify	
(Street) NEW YORK NY 10103 (City) (State) (Zip)					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						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution D			Code (In	action Disposed		ties Acquire I Of (D) (Ins				s illy ollowing	Form (D) or	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	V	Amount	(A) or (D)	Price	Transacti (Instr. 3 a		ion(s)			(111541. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			Cod	nsaction e (Instr	of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amor of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	e V	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares							
Option To Purchase Class B Common Stock	\$78.17	03/26/2014		A		15,000		(1)	03	3/25/2019	Class B Common Stock	15,000	\$78	.17	15,000	0	D		

## **Explanation of Responses:**

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-Fact for Mr. Pantaleoni

03/28/2014

\*\* 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.