FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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l	OMB APPR	OVAL
	OMB Number:	3235-0287
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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*

HEDDELL TOTALL

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						UHS]							-	X	Officer (give title below)		10% Ov		wner			
(Last)	- -	3.00										Other (specify below)										
(Last) (First) (Middle) UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD						3. Date of Earliest Transaction (Month/Day/Year) 05/17/2013												,				
(Street) KING O	G OF PA 19406			4. Ii	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									
(City)	y) (State) (Zip)																					
		Tab	le I - No	n-Deri	vative	Se	curit	ies Ac	quired,	Dis	posed o	of, or Be	nefici	ally (Owned	ł						
1. Title of Security (Instr. 3) 2. Trans Date (Month/I					Execution Date,		Code	Transaction Disposed Code (Instr. 5)		rities Acquired (A) o ed Of (D) (Instr. 3, 4 a		1 and Securities Beneficia Owned Fo		es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)	r Price	. 1	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)			
Class B C	Common St	ock		05/1	7/2013	//2013		М		3,750	O A \$3		0.32	2 15,118			D					
Class B Common Stock 05/17.					7/2013	2013		М		7,500	O A \$4		3.67	22,618			D					
Class B Common Stock 05/17/					7/2013	2013		М		3,750	3,750 A		5.95	5 26,368			D					
Class B Common Stock 05/17/					7/2013	2013		F		8,531 D \$		\$67	7.96	17,837			D					
		1	able II -	Deriva (e.g.,	ative s puts,	Seci call:	uritie s, wa	s Acq	uired, [s, optio	Disp ns, c	osed of converti	, or Ben ble secu	eficial urities	ly O\)	wned							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/D.) 3. Transaction Execution if any (Month/D.)		n Date, Transact Code (Ins			ion of E		6. Date Exercisat Expiration Date (Month/Day/Year)		Amount of		of S Ig e Security	Der Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s B Illy	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	er								
Option To Purchase Class B Common Stock	\$30.32	05/17/2013			М			3,750	(1)	C	01/19/2015	Class B Common Stock	3,750)	\$0	3,750		D				
Option To Purchase Class B Common Stock	\$43.67	05/17/2013			М			7,500	(2)	C	01/18/2016	Class B Common Stock	7,500)	\$0	7,500		D				
Option To Purchase							П					Class B					\neg					

(3)

01/17/2017

Explanation of Responses:

Class B

Common

1. The option vested on 1/20/2013.

\$36.95

2. The option vested on each of 1/19/2012 and 1/19/2013.

05/17/2013

3. The option vested on 1/18/2013.

/s/ Steve Filton, Attorney-in-Fact for Mr. Herrell

3,750

\$<mark>0</mark>

Common

Stock

05/17/2013

11,250

D

** 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.

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