FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-028							

37 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 Instruction 1(b).

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* DUCAT LEATRICE						2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC UHS]										all app	p of Reporting plicable) ctor er (give title	10	o Issuer % Owner	er
(Last) (First) (Middle) NDRI 401 N. MICHIGAN AVE., SUITE 1200						3. Date of Earliest Transaction (Month/Day/Year) 05/31/2005										belov	v)	be	ow)	
(Street) CHICAG	GO IL	6	50611 Zip)		4. If	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					
		Tabl	e I - Nor	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	osed o	f, or	Bene	eficia	ally (Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution [n Date,	3. Transaction Code (Instr. 8)						4 and Secu Bene		cially d Following	6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4)	t of li ct Ber Ow	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	Amount	A) 1)	A) or D)	Price		Transaction(s) (Instr. 3 and 4)			(1115	511. 4)				
Class B Common Stock 05/31						/2005					600		D	D \$58.4		2,000		D		
Class B Common Stock																200		I		y oouse's state
	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)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		n of		6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	nip of I Bei Ow ct (Ins	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or	ount nber ires						

Explanation of Responses:

/s/ Leatrice Ducat

06/01/2005

Date

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).