FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL	
OMB Number:	3235-0287
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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	on 30(n) of the	Investme	ent Com	ipany Act of	1940								
Name and Address of Reporting Person* MILLER ALAN B					2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [UHS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
MILLER ALAN B											•		X X			Х			
(Last) (First) (Middle)						2. Date of Ending Transportion (Manth/Day/Mars)								Officer (give titl	,			ecify below)	
367 SOUTH GULPH ROAD					3. Date of Earliest Transaction (Month/Day/Year) 11/10/2004									Ch	airman, P	resident	& CEO		
(Street) KING OF PRUSSIA	PA	19	406		4. If Amendment, Date of Original Filed (Month/Day/Year)								ndividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(City)	(State)	(Zi	p)										Form filed by More than One Reporting Person						
			1	Fable I -	Non-Deri	vative Se	curities A	cquired	l, Disp	osed of	, or Bene	ficially Owi	ned						
1. Title of Security (Instr. 3)			2. Transaction Date	Execu	eemed ution Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (3, 4 and 5)		d Of (D) (Instr.	5. Amount of Securities Beneficially Owned Following				7. Nature of Indirect Beneficial				
					(Month/Day	(Mont		Code	v	Amount		(A) or (D)	Price	Reported Transacti (Instr. 3 and 4)	on(s)	(Instr. 4)		Ownership (Instr. 4)	
Class B Common Stock				11/10/20	004		M ⁽¹⁾		60	0,000	A	\$22.2813(2)	868,82	5		D			
Class B Common Stock			11/10/20	004		F		29	9,708	D	\$45	839,11	7		D				
Class B Common Stock				11/10/20	004		S		5	,600	D	\$45.2	833,51	7		D			
Class B Common Stock				11/10/20	004		S		:	200	D	\$45.21	833,31	7		D			
Class B Common Stock				11/10/2004			S		300		D	\$45.22	833,017		D				
Class B Common Stock				11/10/2004			S		100		D	\$45.29	832,917		D				
Class B Common Stock				11/11/2004			S	s 3		,800	D \$45		829,117		D				
Class B Common Stock				11/11/2004			S	s 10,		0,000	D	\$45.15	819,117		D				
				Table I			rities Acq , warrants					cially Owne	d						
1. Title of Derivative Security (Ins. 3)	str. 2. Conversion or Exercise Price of Derivative Security	e of ivative (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac (Instr. 8)	(Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				7. Title and a	itle and Amount of Securities L ivative Security (Instr. 3 and 4)		Inderlying 8. Price of Derivative Security (Inst 5)		ve es	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercis	sable [Expiration Date	Title	Amoi Num		ares	Reporte Transac (Instr. 4)	tion(s)			
Option to Purchase Class B Commo Stock	on \$22.2813	11/10/2004		М		•	60,000	01/19/2	2001	01/19/2005		urchase Class B non Stock	60,000	\$22.2813	1,030	0,000	D	•	

Explanation of Responses:

- 1. Consists of Class B Common Stock of Universal Health Services, Inc. (the "Shares") issued upon exercise of stock options to purchase Class B Shares, at an exercise price of \$22.2813 per share.

 2. Exercise price of \$22.2813 per share was satisfied through the delivery of 29,708 Shares held by the Reporting Person with a fair market value of \$45.00 per share.

Steve Filton, Attorney-in-Fact ** Signature of Reporting Person

11/11/2004 Date

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

Reminible. Reput of a Separate line or each wass or securious vertically owned unexply in indirectly.

If the form is filed by more than one reporting person, see Instruction 4 (b)().

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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.

POWER OF ATTORNEY

I, Alan B. Miller, do hereby designate Steve Filton and Charles F. Boyle to act as my lawful attorneys-in-fact to execute and have delivered on my behalf, with the § Such necessary forms shall consist of Form 4, Statement of Changes in Beneficial Ownership and Form 5, Annual Statement of Changes in Beneficial Ownership.

I hereby ratify and confirm all that said attorney shall lawfully do or cause to be done by virtue hereof.

/s/ Alan B. Miller

Signed and dated on this 15th day of March 2004.

The undersigned, Steve Filton and Charles F. Boyle hereby affirm that we are the persons named herein as attorneys-in-fact and that our original signatures are affix

/s/ Steve Filton

/s/ Charles F. Boyle

Signed and dated on this 15th day of March 2004

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF MONTGOMERY

On this 15th day of March, in the year 2004, before me, Celeste A. Stellabott, personally appeared Alan B. Miller, Steve Filton and Charles F. Boyle, personally know

/s/ Celeste A. Stellabott Signature of Notary Public

(SEAL)