FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										

0.5

hours per response:

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* McDonnell Eileen C.					<u>U</u>	2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle)					UF	UHS]								Officer (give title below)			Other (specify below)		
THE PENN MUTUAL LIFE INSURANCE COMPANY						3. Date of Earliest Transaction (Month/Day/Year) 03/29/2017													
600 DRESHER ROAD					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X Form f	iled by One	Repo	rting Perso	n	
HORSHAM PA 19044													Form filed by More than One Reporting Person				rting		
(City)	(S	tate)	(Zip)																
		Tak	ole I - Non	-Deriv	ativ	e Se	curities	s Ac	quired,	Dis	posed c	f, or Be	neficial	ly Owned	l				
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)					Execution Date,			Code (Instr. 5)				Benefici	es Forr ally (D) o Following (I) (II		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code				v	Amount	(A) or (D)	Price	Transaci (Instr. 3	tion(s)			(111501.4)			
			Table II - E						uired, D s, option					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, T	4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Option To Purchase Class B Common	\$124.56	03/29/2017			Α		10,000		(1)	()3/28/2022	Class B Common Stock	10,000	\$124.56	10,000)	D		

Explanation of Responses:

1. Option vests ratably on each of 3/29/2018, 3/29/2019, 3/29/2020 and 3/29/2021.

/s/ Steve Filton, Attorney-in-Fact for Ms. McDonnell

03/30/2017

** 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.