FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

<i>N</i> ashington,	D.C.	20549
---------------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-028										
Estimated average burden										
hours nor resnance	. 05									

	ction 1(b).	muc. Sec	File							ies Exchang mpany Act c		1934			nours	s per re	esponse:	0.5
Name and Address of Reporting Person* Gibbs Lawrence S.				UN	2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC UHS]								ationship of Reportin k all applicable) Director Officer (give title below)		10% Ow		/ner	
(Last) (First) (Middle) 48 CRESCENT ROAD					3. Date of Earliest Transaction (Month/Day/Year) 07/28/2021											below)	specify	
(Street) LIVING (City)			7039 Zip)	- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv Line) X	Form	or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son				
		Table	I - Non-Deriv	ative	Secu	rities	Acq	uired,	Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date,		3. 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 8)				3, 4 and Securit Benefic Owned		ities Folicially (D		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) o (D)	Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Class B Common Stock 07/2			07/28	/2021		S ⁽¹⁾		314	D	\$1	160 2,		,763		D			
	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)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, (Month/Day/Year) (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		vative crities critied r osed)	Expiration Date Amou (Month/Day/Year) Secur Under Deriv: Secur			Amour Securi Underl Deriva Securi 3 and	7. Title and Amount of Securities Inderlying Derivative Security (Instr and 4)		rice of vative urity tr. 5)		ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
				Code			Date Exercisa	able	Expiration Date	1 1	Number of Shares							

Explanation of Responses:

1. All shares were sold at the same price of \$160.00.

/s/ Lawrence S. Gibbs

07/28/2021

** 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.