FORM 4

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person*  DUCAT LEATRICE						2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC UHS ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
(Last) NDRI	NDRI					3. Date of Earliest Transaction (Month/Day/Year) 09/09/2004									Officer (give title Other (specify below) below)					
625 N. MICHIGAN AVE., SUITE 500						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) CHICAGO IL 60611					_	Line)									X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	ate) (Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day.						Execution			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			and 5) Securition Benefici Owned I		es Fo ially (D) Following (I)		n: Direct	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Tra	Reported Transaction(s (Instr. 3 and 4				(Instr. 4)	
Class B Common Stock 09/07/20						)04		M		10,000	A	\$16.87	6.875 1		2,000		D			
Class B Common Stock 09/08/20					/2004	:004					10,000	D	\$45.47	4779 2,		,000		D		
		-	Table II								posed of, converti			/ Own	ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	4. Transa Code ( 8)				6. Date E Expiration (Month/E	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Pric Deriva Secur (Instr.	itive ity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares							
Option to Purchase Class B Common Stock	\$16.875	09/07/2004			M			10,000	11/19/20	000	11/19/2004	Option to Purchase Class B Common	10,000	\$16.8	375	20,000	0	D		

**Explanation of Responses:** 

**Leatrice Ducat** 

Stock

0<u>9/09/2004</u>

\*\* Signature of Reporting Person

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.