Instruction 1(b)

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

| Vashington, D.C. 20549 | Vashington, | D.C. | 20549 |  |
|------------------------|-------------|------|-------|--|
|------------------------|-------------|------|-------|--|

| <b>STATEMENT OF</b> | <b>CHANGES IN</b> | <b>BENEFICIAL</b> | <b>OWNERSHIP</b> |
|---------------------|-------------------|-------------------|------------------|

| IAIEWENI | OF CHAIN | IGES IN D | CNEFICIAL | CANINE |
|----------|----------|-----------|-----------|--------|
|          |          |           |           |        |
|          |          |           |           |        |

| OMB APPROVAL             |     |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287    |     |  |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |  |
| hours per response:      | 0.5 |  |  |  |  |  |  |  |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 5. Relationship of Reporting Person(s) to Issuer 2. Issuer Name and Ticker or Trading Symbol 1. Name and Address of Reporting Person (Check all applicable) UNIVERSAL HEALTH SERVICES INC Gibbs Lawrence S. X Director 10% Owner UHS ] Officer (give title Other (specify (First) (Middle) below) below) (Last) 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2022 48 CRESCENT ROAD 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable (Street) LIVINGSTON NJ 07039 Form filed by One Reporting Person Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction Date 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 6. Ownership Form: Direct 1. Title of Security (Instr. 3) 2A. Deemed 5. Amount of 7. Nature of Indirect Execution Date Transaction Securities (Month/Day/Year) if any Code (Instr. 5) Beneficially (D) or Indirect Beneficial Owned Following Ownership (Instr. 4) (Month/Day/Year) 8) (I) (Instr. 4)

| Class B C   | Common Sto   | ock  | 05/18/  | 05/18/2022                   |   |     | <b>A</b> <sup>(1)</sup> | 1,680  | A                  | A \$  | ) 3                                    | ,549  | D   |  |  |
|---|--|--|---|------------------------------|---|-----|-------------------------|--|--------------------|---|--|---|---|--|--|
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |   |                              |   |     |                         |  |                    |   |  |   |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transa<br>Code (<br>8) |   |     |                         | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|   |  |  |   | Code                         | v | (A) | (D)                     | Date<br>Exercisable  | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |   |   |  |  |

Code ν

## **Explanation of Responses:**

1. These restricted stock units were granted pursuant to the Universal Health Services, Inc. Amended and Restated 2020 Omnibus Stock and Incentive Plan and all units shall vest on May 16, 2023.

/s/ Steve Filton, Attorney-in-Fact for Mr. Gibbs

(A) or (D)

Price

Amount

\*\* Signature of Reporting Person Date

05/19/2022

Reported

Transaction(s)

(Instr. 3 and 4)

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

- $^{\star}$  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.