FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL					
OMB Number:	3235-0287					
Estimated average burd	en					
hours per response:	0.5					

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*  PANTALEONI ANTHONY					<u>UN</u>	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) (First) (Middle) FULBRIGHT & JAWORSKI LLP 666 FIFTH AVENUE						3. Da	3. Date of Earliest Transaction (Month/Day/Year) 03/04/2011											Officer (give title Other (specify below) below)			
(Street) NEW YORK NY 10103 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year) 03/07/2011									6. Indiv Line) X	idual or Joint/Group Filing (Check Applica Form filed by One Reporting Person Form filed by More than One Reporting Person			on		
(,)					n-Deriv	ative :	Seci	uritie	s Aca	uired.	Dis	posed o	f. o	r Ben	efic	ially	Owne	ed			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) oi	r	5. Amo Securi Benefi Owne	ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount		(A) or (D)	Price	•	Transa	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		
Class B C	ommon S	Stoc	k		03/04/	2011				S		372		D	\$4	7.72	11	,101(1)	D		
Class B C	ommon S	Stoc	ck		03/04/2011				S		1,100	D \$		\$4	7.73	10,001(1)		D			
Class B Common Stock				03/04/2011				S		1,400	1,400		\$47.74		8,601(1)		D				
Class B Common Stock					03/04/	03/04/2011				S		500		D	\$47.75		8	,101(1)	D		
Class B Common Stock				03/04/2011					S		900		D	\$47.76		7	,201 <sup>(1)</sup>	D			
Class B Common Stock					03/04/2011					S		300		D	\$47.77		6	,901 <sup>(1)</sup>	D		
Class B Common Stock 03/					03/04/	2011				S		100		D	\$47.775		6,801(1)		D		
Class B Common Stock				03/04/2011				S		100		D	\$47.78		6,701(1)		D				
Class B Common Stock Class B Common Stock					03/04/	2011						200		D	\$47.79		6,501(1)		D		
Class B C	ommon S	Stoc	ck		03/04/	2011				S		1,278		D	\$4	7.8	5	5,223 <sup>(1)</sup> D			
Class B C	ommon S	Stoc	:k														12	2,228(1)	I	AP-2 LLC	
Class B C	ommon S	Stoc	:k															7,560	I	Trustee F/b/o Family	
			Та									sed of, onvertib					vned				
1. Title of Derivative Security (Instr. 3)  1. Title of Conversion or Exercise Price of Derivative Security				Execution Date, if any		4. Transac Code (In 8)		of I		6. Date Exercis Expiration Dat Month/Day/Ye		e	7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)			Deriv Secu (Inst	ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	tion of Responses:			Code	,	(A)	Date Expiration Exercisable Date		Title	or Nui of	ımber										

1. The original Form 4 incorrectly reported that these shares were indirectly beneficially owned by Mr. Pantaleoni through AP-2 LLC. These shares were directly beneficially owned by Mr. Pantaleoni. The

/s/ Anthony Pantaleoni

03/08/2011

\*\* 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.