FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machington	$D \subset$	20540
<i>N</i> ashington,	D.C.	20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	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

Name and Address of Reporting Person*     McDonnell Eileen C.					UN	2. Issuer Name <b>and</b> Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
					UH	UHS ]									X Director Officer (give title			vner specify	
(Last) (First) (Middle) 179 ASH WAY						3. Date of Earliest Transaction (Month/Day/Year) 05/10/2023									below) below)				
							ndme	nt, Date	of Origi	nal Fi	led (Month/D		6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) DOYLESTOWN PA 18901					_										Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)					Ru	Rule 10b5-1(c) Transaction Indication													
							Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			/Year)	Execution Date,		3. 4. Securities A Transaction Code (Instr. 8)		Acquired (A) or f (D) (Instr. 3, 4 and 5)		Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)	Price		ted action(s) 3 and 4)			(Instr. 4)	
Class B (	05/10/2	023			M		7,500	A	\$141.5	13,008			D						
Class B Common Stock 05/10				05/10/2	023	23			M		5,000	A	\$141.5	.585 18,008			D		
Class B Common Stock 05/10/20					023	23		M		5,000	A	\$141.5	85 2	23,008		D			
Class B Common Stock 05/10/202					023	23		F		14,393	D	\$141.5	85 8	3,615		D			
Class B Common Stock 05/10/202					023	:3		S <sup>(1)</sup>		3,107	D	\$141.53	5,508			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 (Month/Day/Year)	Execu if any	eemed Ition Date, h/Day/Year)	4. Transac Code (li 8)	e (Instr. D S A (/ D O (I		umber ivative urities uired or oosed O) tr. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title an Amount of Securities Underlyin Derivative (Instr. 3 a	of S Ig e Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly D	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						
Option To Purchase Class B Common Stock	\$134.02	05/10/2023			M			7,500	(2)		03/19/2024	Class B Common Stock	7,500	\$0	0		D		
Option To Purchase Class B Common Stock	\$67.69	05/10/2023			M			5,000	(3)		03/17/2025	Class B Common Stock	5,000	\$0	2,500		D		
Option To Purchase Class B Common Stock	\$138.8	05/10/2023			M			5,000	(4)		03/16/2026	Class B Common Stock	5,000	\$0	5,000		D		

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$141.53 to \$141.57, inclusive. The reporting person undertakes to provide Universal Health Services, Inc. (the "Company"), any stockholder of the Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in Footnote 1.
- $2. \ Option \ vested \ ratably \ on \ each \ of \ 3/20/2020, \ 3/20/2021, \ 3/20/2022, \ and \ 3/20/2023.$
- $3.\ Option\ vests\ ratably\ on\ each\ of\ 3/18/2021,\ 3/18/2022,\ 3/18/2023\ and\ 3/18/2024.$
- $4.\ Option\ vests\ ratably\ on\ each\ of\ 3/17/2022,\ 3/17/2023,\ 3/17/2024\ and\ 3/17/2025.$

/s/ Eileen C. McDonnell

05/12/2023

\*\* Signature of Reporting Person

Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).