FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Washington, D.C. 20040

STATEMENT C	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

1. Name and Address of Reporting Person*  WRIGHT RICHARD C						2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC UHS ]									Check	all app	o of Reporting Person(s) to Issulicable) etor 10% Ower (give title Other (s)		Owner
(Last) (First) (Middle) UHS OF DELAWARE, INC. 810 TRAVELERS BOULEVARD, SUITE I-2					3. Date of Earliest Transaction (Month/Day/Year) 11/18/2005										X United (give title Other (specify below)  Vice President				
(Street) SUMMERVILLE SC 29485 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Nor	า-Deriv	ative	Se	curitie	s Acc	quired,	, Dis	posed o	f, or	Ben	eficia	ally (	Owne	ed		
Date					th/Day/Year)   Ex		2A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			and 5) Se Be Ov		ount of ities icially d Following ted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A (D	) or )	Price		Transa	action(s) 3 and 4)		(,
Class B Common Stock 11/1					/2005						5,072		D	\$48.528			7,779	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)	Derivative   Conversion   Date   Execution D Security   or Exercise   (Month/Day/Year)   if any				4. Transaction Code (Instr. 8)			ative rities ired osed	6. Date Expiration (Month/L	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)  Amount or Number of		ount	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

**Explanation of Responses:** 

Richard C. Wright

11/18/2005

\*\* Signature of Reporting Person

Date

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.