FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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* FILTON STEVE							2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC UHS								applio recto	cable) r (give title	g Pers	10% Ow Other (s below)	/ner	
(Last) (First) (Middle) 367 SOUTH GULPH ROAD						3. Date of Earliest Transaction (Month/Day/Year) 08/19/2005									Senior Vice President & CFO					
(Street) KING OF PA 19406 PRUSSIA					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								ne) X F	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	•	(Zip)																	
			ole I - I			_			_	ed, D	isposed o	-								
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yo					Exec if any	eemed ution Date, th/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Benefic Owned		es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Tra	porte nsac str. 3	d tion(s) and 4)			(Instr. 4)	
Class B Common Stock 08/19/200)5			M ⁽¹⁾		32,000	A	\$42.406	063(2) 13		7,961		D		
Class B Common Stock 08/19/200						05			F		25,317	D	\$53.6	.6 112		2,644		D		
			Table								posed of, , converti			y Own	ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)				Expir	te Exer ation D th/Day/		of Securities		8. Prid Deriva Secur (Instr.	tive ty	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares							
Option to purchase Class B Common	\$42.4063	08/19/2005			М			32,000	01/17	7/2002	01/17/2006	Class B Common Stock		(3)		83,000)	D		

Explanation of Responses:

- 1. Consists of Class B Common Stock of Universal Health Services, Inc. (the "Class B Shares") issued upon exercise of stock options to purchase Class B Shares, at an exercise price of \$42.4063 per share.
- 2. Exercise price of \$42.4063 per share was satisfied through the delivery of 25,317 Class B Shares held by the Reporting Person with a fair market value of \$53.60 per share.
- 3. Not applicable.

08/19/2005

** 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.