MILLER ALAN B

Form 4 May 30, 2013

## FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** 

OMB 3235-0287 Number:

Expires:

5. Relationship of Reporting Person(s) to

January 31, 2005

Estimated average

burden hours per response... 0.5

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

MILLER ALAN B			Symbol UNIVERSAL HEALTH SERVICES INC [UHS]					ICES	Issuer (Check all applicable)			
(Last) (First) (Middle)  UNIVERSAL HEALTH SERVICES, INC., 367 SOUTH			3. Date of Earliest Transaction (Month/Day/Year) 05/29/2013						_X Director _X 10% Owner _X Officer (give title Other (specify below) Chairman and CEO			
	(Street)  KING OF PRUSSIA, PA 19406			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State)	(Zip)	Toble	I Nor	. Do	mivativa S	'oou <b>ni</b>	tios A or	Person quired, Disposed	of an Panafisia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	) Executi		3. Transa Code (Instr.	ection (8)	4. Securi nAcquired Disposed (Instr. 3,	ties l (A) c l of (D	or O)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	·	
Class B Common Stock	05/29/2013			G	V	3,500	D	\$ 0	506,784	D		
Class B Common Stock									11,615	I	By The Abby Miller King 2010 GRAT (A)	
Class B Common									59,900	I	By The Abby	

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Stock		Miller King 2011 Family Trust				
Class B Common Stock	100,000 I	By The Abby Miller King 2012 GRAT (A)				
Class B Common Stock	11,615 I	By The Marc Daniel Miller 2010 GRAT (A)				
Class B Common Stock	100,000 I	By The Marc Daniel Miller 2012 GRAT (A)				
Class B Common Stock	11,615 I	By The Marni Spencer 2010 GRAT (A)				
Class B Common Stock	100,000 I	By The Marni Spencer 2012 GRAT (A)				
Class B Common Stock	59,900 I	The Marc Daniel Miller 2011 Family Trust				
Class B Common Stock	59,900 I	The Marni Spencer 2011 Family Trust				
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  Persons who respond to the collection of SEC 1474						

information contained in this form are not required to respond unless the form

(9-02)

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# displays a currently valid OMB control

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. orNumber	6. Date Exerc Expiration D		7. Titl		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month Day/Tear)	any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/ e		Under	rlying	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

### **Reporting Owners**

Reporting Owner Name / Address		<b>.</b>		
	Director	10% Owner	Officer	Other

MILLER ALAN B UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406

X X Chairman and CEO

Relationships

## **Signatures**

/s/ Alan B. 05/30/2013 Miller

\*\*Signature of Date
Reporting Person

#### **Explanation of Responses:**

- \* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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