MILLER ALAN B

Form 4 June 11, 2009

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

Number:

3235-0287

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0.5

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response...

subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

if no longer

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

1(b).

(Last)

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading MILLER ALAN B Issuer Symbol UNIVERSAL HEALTH SERVICES INC [UHS]

06/09/2009

(Check all applicable)

Chairman, President and CEO

3. Date of Earliest Transaction _X_ Director X_ Officer (give title (Month/Day/Year)

X__ 10% Owner _ Other (specify below)

UNIVERSAL HEALTH SERVICES, INC., 367 SOUTH **GULPH ROAD**

(First)

(Middle)

(Zip)

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year) Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

6. Individual or Joint/Group Filing(Check

KING OF PRUSSIA, PA 19406

(State)

Table I. Non Derivative Securities Acquired Disposed of or Peneficially Owned

(City)	(State)	Tabl	e I - No	n-D	erivative	Secur	ities A	equired, Disposed	of, or Benefic	ially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction A Code I		4. Securities nAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
CI D			Code	V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Class B Common Stock	06/09/2009		G	V	400	D	\$0	227,245	D	
Class B Common Stock	06/09/2009		G	V	300	D	\$0	226,945	D	
Class B Common Stock								23,000	I	By Alan Miller Family Foundation

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			<u>(1)</u>		
Class B Common Stock	14,557	I	By The Abby Miller King 2008 GRAT		
Class B Common Stock	20,000	I	By The Abby Miller King 2008 GRAT (A)		
Class B Common Stock	40,000	I	By The Abby Miller King 2009 GRAT		
Class B Common Stock	14,557	I	By The Marc Daniel Miller 2008 GRAT		
Class B Common Stock	20,000	I	By The Marc Daniel Miller 2008 GRAT (A)		
Class B Common Stock	40,000	I	By The Marc Daniel Miller 2009 GRAT		
Class B Common Stock	14,557	I	By The Marni Spencer 2008 GRAT		
Class B Common Stock	20,000	I	By The Marni Spencer 2008 GRAT (A)		
Class B Common Stock	40,000	I	By The Marni Spencer 2009 GRAT		
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. 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 control number.					

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amount	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								^	mount		
									mount		
						Date	Expiration Date	Title N			
						Exercisable		Title Number of			
				C + V	(A) (D)						
				Code V	(A) (D)			S	hares		

Reporting Owners

Reporting Owner Name / Address

X

Officer Other Director 10% Owner

Relationships

Chairman, President and CEO

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

Signatures

/s/ Alan B. 06/11/2009 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).
- Mr. Miller disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that Mr. Miller is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

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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