Edgar Filing: UNIVERSAL HEALTH SERVICES INC - Form 4

Form 4	AL HEALTH SER	VICES I	NC							
March 19, 2								OMB A	PPROVAL	
FORM	UNITED	STATES		RITIES A			E COMMISSION		3235-0287	
subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							burden hou response	Estimated average burden hours per response 0.5		
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> Pember Marvin G.			2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [UHS]				5. Relationship of Reporting Person(s) to IssuerS (Check all applicable)			
	AL HEALTH 5, INC., 367 SOU	Middle) TH		of Earliest Tr Day/Year) 2015	ransaction		Director X Officer (give below) Senio			
Filed(N				If Amendment, Date Original led(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 			
KING OF I	PRUSSIA, PA 19	406					Person	lore than one R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	Acquired, Disposed of	, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (A) or	SecuritiesFBeneficially(1)Owned(1)Following(1)ReportedTransaction(s)(Instr. 3 and 4)	orm: Direct D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Pa	port on a separate line	for each a	ass of see	Code V		(D) Price				
Rennaer. Rej	port on a separate find			unities bellel	including OW	neu uncerty	or muncerry.			

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.

 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option To Purchase Class B Common Stock	\$ 117.29	03/18/2015		A	50,000	<u>(1)</u>	03/17/2020	Class B Common Stock	50,000

Edgar Filing: UNIVERSAL HEALTH SERVICES INC - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships					
Footing of Management of Management	Director	10% Owner	Officer	Other		
Pember Marvin G. UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406			Senior Vice President			
Signatures						
/s/ Steve Filton, Attorney-in- Fact for Mr. Pember		03/19/201	5			
**Signature of Reporting Person		Date				
E	_					

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).

(1) Option vests ratably on each of 3/18/2016, 3/18/2017, 3/18/2018 and 3/18/2019.

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.