## Edgar Filing: UNIVERSAL HEALTH SERVICES INC - Form 4

#### UNIVERSAL HEALTH SERVICES INC

Form 4 June 02, 2016

# FORM 4

#### **OMB APPROVAL**

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

Washington, D.C. 20549

January 31, Expires: 2005

Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per 0.5

Form 5 obligations may continue.

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

response...

See Instruction

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* OSTEEN DEBRA K

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Symbol

UNIVERSAL HEALTH SERVICES

(Check all applicable)

INC [UHS]

3. Date of Earliest Transaction Director 10% Owner

Issuer

(Month/Day/Year) 06/01/2016

X\_ Officer (give title Other (specify below)

Senior Vice President

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

(Street)

(First)

(Middle)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

3.

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

KING OF PRUSSIA, PA 19406

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) (Instr. 3)

Execution Date, if (Month/Day/Year)

4. Securities Acquired (A) 5. Amount of Transactionr Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

Securities Beneficially Owned Following

Reported

Ownership Form: Direct (D) or Indirect

Indirect Beneficial Ownership (Instr. 4)

7. Nature of

(A) Amount

Transaction(s) (Instr. 3 and 4)

(Instr. 4)

Class B Common

Stock

06/01/2016

 $S^{(1)}$ 18,749

Code V

D

Price

(D)

88,440

D

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 (9-02)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   | e and    | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|-----------------------|------------|------------------|--------------|------------|----------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | TransactionNumber     |            | Expiration D     | ate          | Amou       | nt of    | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code                  | of         | (Month/Day/      | Year)        | Underl     | lying    | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) Derivative |            |                  |              | Securities |          | (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)           |                    |                       |            |                  |              |            |          |             |        |
|             |             |                     |                    |                       |            |                  |              |            | A        |             |        |
|             |             |                     |                    |                       |            |                  |              |            | Amount   |             |        |
|             |             |                     |                    | Date                  | Expiration |                  | or           |            |          |             |        |
|             |             |                     |                    |                       |            | Exercisable Date | Title Number |            |          |             |        |
|             |             |                     |                    | C 1 W                 | (A) (D)    |                  |              |            | of       |             |        |
|             |             |                     |                    | Code V                | (A) (D)    |                  |              |            | Shares   |             |        |

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

OSTEEN DEBRA K UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406

Senior Vice President

## **Signatures**

/s/ Debra K. 06/01/2016 Osteen

\*\*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).

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$135.65 to \$135.91, inclusive. The reporting person undertakes to provide Universal Health Services, Inc. (the "Company"), any stockholder of the Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in Footnote 1.

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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