MILLER ALAN B Form 4/A March 28, 2003

SEC Form 4

### FORM 4

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

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL

OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response.....0.5

1. Name and Address of Reporting
Person\*
Miller, Alan B.

(Last) (First)
(Middle)

367 South Gulph Road

(Street)

King of Prussia, PA 19406

(City) (State)
(Zip)

Issuer Name
 and Ticker or Trading
 Symbol

Universal Health Services, Inc.

3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary) 4. Statement for (Month/Day/Year

05/31/2002

5. If Amendment, Date of Original (Month/Day/Year) 6. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

\_ Director \_\_10% Owner <u>X</u> Officer (give title below) \_\_ Other (specify below)

Description Chairman.

President & CEO

- 7. Individual or Joint/Group Filing (Check Applicable Line)
- X Form filed by One Reporting PersonForm filed by More than One Reporting Person

	Tat	ole I - Non-Derivativ	e Secui	ritie	s Acquire	d, Dis	posed of	, or Beneficially	Owned	
1. Title of Security (Instr. 3)	2.Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (Inst 8)	е	4. Securi n(A) or Dis (Instr.	sposed	d Of (D)	5. Amount of Securities Beneficially Owned Following	6. Owner-ship Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	٧	Amount	A/D	Price	Reported Transaction(s)  (Instr. 3 and 4)		
B Class Family Foundation	05/23/2002		s		1,000	D	\$45.13		ı	Charitable
B Class Family Foundation	05/23/2002		S		1,000	D	\$45.12		ı	Charitable
B Class Family Foundation	05/29/2002		S		1,000	D	\$47.25		ı	Charitable
B Class Family	05/31/2002		S		1,000	D	\$49.04	137,0000	I	Charitable

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Foundation								
Common B	05/28/2002	G	400	D	\$46.73		D	
Common B	05/31/2002	s	2,000	D	\$49.02		D	
Common B	05/31/2002	s	3,000	D	\$49.00	750,128	D	

	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)	4. Transactio Code (Instr.8)		5. Number of Derivative Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		Date(ED)		7. Title and Amount		8. Price of Derivative Security (Instr.5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr.4)	10. Owne ship Form Deriv ative Secu Direc or Indire
				Code	٧	A	D	DE	ED	Title	Amount or Number of Shares			(Instr
Alan B. Miller Family Fdn	\$45.13	05/23/2002		S			1,000			Common B	1,000	\$45.13		
Alan B. Miller Family Fdn	\$45.12	05/23/2002		S			1,000			Common B	1,000	\$45.12		
Alan B. Miller Family Fdn	\$47.25	05/29/2002		S			1,000			Common B	1,000	\$47.25		
Alan B. Miller Family Fdn	\$49.04	05/31/2002		s			1,000			Common B	1,000	\$49.04	137,000	

**Explanation of Responses:** 

By: Date:

/s/ Steve Filton

03/28/2003

Steve Filton, as Attorney-in-Fact

\*\* Signature of Reporting Person

SEC 1474 (9-02)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4(b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.