Edgar Filing: FILTON STEVE - Form 4

FILTON ST Form 4	ΓΕνε											
August 19,										PROVAL		
FORM	$\mathbf{M4}_{\text{UNITED}}$	UNITED STATES SECURITIES AND EXCHANGE COMMISSION										
	Washington, D.C. 20549						OMB Number:	3235-0287				
Check t if no los		U U	Expires:	January 31, 2005								
subject Section Form 4	to STATEN 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES										
Form 5 obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17(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										
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> FILTON STEVE								5. Relationship of Reporting Person(s) to Issuer				
			UNIVI INC [L	ERSAL H JHS]	EALTH	SER	VICES	(Check all applicable)				
(Last) (First) (Middle) 367 SOUTH GULPH ROAD (Street) KING OF PRUSSIA, PA 19406			3. Date of Earliest Transaction (Month/Day/Year) 08/19/2005					Director 10% Owner X Officer (give title Other (specify below) below) Senior Vice President & CFO				
				endment, D onth/Day/Yea	-	1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
								Person				
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivative	Secur	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	any		3. Transactio Code (Instr. 8)	Transactionor Disposed of (D) Code (Instr. 3, 4 and 5)			Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Class B Common	08/19/2005			Code V M(1)	Amount 32,000	(D)	Price \$ 42.406	(Instr. 3 and 4) 3 137,961	D			
Stock	0017/2005			111.	52,000	11	<u>(2)</u>	5 157,901	D			
Class B Common Stock	08/19/2005			F	25,317	D	\$ 53.6	112,644	D			

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

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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 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)	orDeriv Secu Acqu or Di (D)	rities hired (A) isposed of r. 3, 4,	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	\$ 42.4063	08/19/2005		М		32,000	01/17/2002	01/17/2006	Class B Common Stock	32,000

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FILTON STEVE 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406			Senior Vice President & CFO				
Signatures							

Signatures

Steve Filton 08/19/2005 **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).
- Consists of Class B Common Stock of Universal Health Services, Inc. (the "Class B Shares") issued upon exercise of stock options to (1)purchase Class B Shares, at an exercise price of \$42.4063 per share.
- Exercise price of \$42.4063 per share was satisfied through the delivery of 25,317 Class B Shares held by the Reporting Person with a fair (2) market value of \$53.60 per share.

(3) Not applicable.

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.