

# SECURITIES AND EXCHANGE COMMISSION

## FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2013-05-16** | Period of Report: **2013-05-15**  
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### REPORTING OWNER

**Miller Marc D**

CIK: **1315495**

Type: **4** | Act: **34** | File No.: **001-10765** | Film No.: **13850778**

Mailing Address

*367 SOUTH GULPH ROAD  
KING OF PRUSSIA PA 19406*

### ISSUER

**UNIVERSAL HEALTH SERVICES INC**

CIK: **352915** | IRS No.: **232077891** | State of Incorporation: **DE** | Fiscal Year End: **1231**  
SIC: **8062** General medical & surgical hospitals, nec

Mailing Address

*367 S GULPH ROAD  
KING OF PRUSSIA PA 19406*

Business Address

*367 S GULPH RD  
KING OF PRUSSIA PA 19406  
6107683300*

# 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

### OMB APPROVAL

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## 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

1. Name and Address of Reporting Person <b>Miller Marc D</b>			2. Issuer Name and Ticker or Trading Symbol <b>UNIVERSAL HEALTH SERVICES INC [UHS]</b>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <b>President</b>		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) <b>05/15/2013</b>			6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person		
UNIVERSAL HEALTH SERVICES, INC., 367 SOUTH GULPH ROAD			4. If Amendment, Date Original Filed(Month/Day/Year)					
(Street) <b>KING OF PRUSSIA, PA 19406</b>								
(City)	(State)	(Zip)						

**Table I - Non-Derivative Securities Acquired, Disposed 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. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Class B Common Stock	05/15/2013		S		5,000	D	\$68.515 <sup>(1)</sup>	11,615	I	By The Abby Miller King 2010 GRAT (A)
Class B Common Stock	05/15/2013		S		5,000	D	\$68.5144 <sup>(2)</sup>	11,615	I	By The Marc Daniel Miller 2010 GRAT (A)
Class B Common Stock	05/15/2013		S		5,000	D	\$68.5039 <sup>(3)</sup>	11,615	I	By The Marni Spencer 2010 GRAT (A)
Class B Common Stock								45,513	D	
Class B Common Stock								100,000	I	By The Abby Miller King 2012 GRAT (A)
Class B Common Stock								100,000	I	By The Marc Daniel Miller 2012 GRAT (A)
Class B Common Stock								100,000	I	By The Marni Spencer 2012 GRAT (A)

Class B Common Stock									863	I	The Abby Danielle Miller 2002 Trust
Class B Common Stock									59,900	I	The Abby Miller King 2011 Family Trust
Class B Common Stock									863	I	The Marc Daniel Miller 2002 Trust
Class B Common Stock									59,900	I	The Marc Daniel Miller 2011 Family Trust
Class B Common Stock									863	I	The Marni Spencer 2002 Trust
Class B Common Stock									59,900	I	The Marni Spencer 2011 Family Trust

**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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					

**Explanation of Responses:**

- The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$68.350 to \$68.630, inclusive. The reporting person undertakes to provide to 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 Footnotes 1, 2 and 3.
- The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$68.350 to \$68.640, inclusive.
- The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$68.350 to \$68.630, inclusive.

**Signatures**

/s/ Marc D. Miller

\*\* Signature of Reporting Person

05/16/2013

Date

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

\* 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).

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

**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 Number.**