## Edgar Filing: HERRELL JOHN H - Form 4

Form 4	JOHN H											
January 21,									OMB A	PPROVAL		
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								3235-0287			
Check th if no lon subject t Section Form 4 o Form 5 obligatio may con <i>See</i> Instr 1(b).	ger 50 16. 50 Filed put 50 50 50 50 50 50 50 50 50 50	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES 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							Estimated burden hoi response	stimated average Irden hours per		
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u></u> HERRELL JOHN H			2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [UHS]					<ul><li>5. Relationship of Reporting Person(s) to Issuer</li><li>6 (Check all applicable)</li></ul>				
	AL HEALTH 5, INC., 367 SOU			f Earliest Tr Day/Year) 2011	ransaction			X Director Officer (give below)		% Owner her (specify		
J				4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
	PRUSSIA, PA 19							Person				
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securiti	es Aco	quired, Disposed	of, or Beneficia	lly Owned		
1.Title of Security2. Transaction Date (Month/Day/Year)2A. D Execu any (Month(Instr. 3)any (Month)		Execution I	n Date, if TransactionAcd Code Dis Day/Year) (Instr. 8) (Inst		Disposed (Instr. 3, 4	quired (A) or S sposed of (D) E str. 3, 4 and 5) C (A) T or (		5. Amount of Securities Beneficially Dwned Following Reported Fransaction(s) Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Do	port on a separate line	e for each als	iss of sea	Code V		(D) Pr	rice					
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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)

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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. 5. Number of TransactionDerivative Code Securities (Instr. 8) 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 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	\$ 43.67	01/19/2011		A <u>(1)</u>	15,000		(2)	01/19/2016	Class B Common Stock	15,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HERRELL JOHN H UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406	Х						
Signatures							
/s/ Steve Filton, Attorney-in-Fact for Mr. Herrell		01/21/2011					
**Signature of Reporting Person		Date					

## **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) Options granted to purchase shares of Class B Common Stock under the Company's Amended and Restated 2005 Stock Incentive Plan.

(2) The option vests ratably on each of 1/19/2012, 1/19/2013, 1/19/2014 and 1/19/2015.

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.