Edgar Filing: FILTON STEVE - Form 4

EU TON STEVE

| Form 4 | | | | | | | | | | | |
|--|---|----------------|--|--|---|---------------------------------------|---|--|--|--|--|
| January 21, 2 | | | | | | | | OMB A | PPROVAL | | |
| | • • UNITED | STATES | | RITIES A | | | E COMMISSION | NOMB Number: | 3235-0287 | | |
| Check th if no long subject to Section 1 Form 4 o | ger STATEN 6. | | | | | | | Estimated burden hou | Expires: January 31 2005 Estimated average burden hours per response 0.5 | | |
| Form 5 obligatio may cont <i>See</i> Instru 1(b). | ns Section 17(| (a) of the F | suant to Section 16(a) of the Securities Exchange Act of 1934, a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> FILTON STEVE | | | 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [UHS] | | | | Issuer ES | | | | |
| | AL HEALTH , INC., 367 SOU | | | of Earliest Tr Day/Year) 2011 | ransaction | | Director X Officer (giv below) Senior V | | % Owner her (specify c CFO | | |
| | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | Applicable Line) _X_ Form filed by | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| | (State) | | | | | | Person | | | | |
| (City) | × , | (Zip) | | le I - Non-I | | | Acquired, Disposed of | | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Date, if | 3. Transactio Code (Instr. 8) | 4. Securit nAcquired Disposed (Instr. 3, 4 | (A) or of (D) | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| D | | c | C | Code V | | (D) Pric | e | | | | |
| Reminder: Rep | ort on a separate line | e for each cla | iss of sec | urities benef | ficially own | ned directly | y or indirectly. | | | | |

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. Transactio 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 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> | 70,000 | | <u>(2)</u> | 01/19/2016 | Class B Common Stock | 70,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|-----------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| FILTON STEVE UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406 | | | Senior Vice President & CFO | | | | |
| Signatures | | | | | | | |
| /s/ Charles F. Boyle, Attorney- in-Fact for Mr. Filton | | 01/21/2 | | | | | |
| **Signature of Reporting Person | | Date | | | | | |
| Evaluation of Decanoned | | | | | | | |

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) Option 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.