Edgar Filing: Miller Marc D - Form 4

Millan Mana D

| Form 4 | | | | | | | | | | |
|---|--|--|--|--|---|---|---|--|---|--|
| January 21, 2 FORM | | | | | | | OMB APPROVAL | | | |
| | UNITED | Washington, D.C. 20549 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 20(b) of the Lorent Company Act of 1940 | | | | | | | 3235-0287 | |
| Check this if no long subject to Section 16 Form 4 or | er STATEN 5. | | | | | | | | January 31, 2005 average urs per . 0.5 | |
| Form 5 obligation may conti <i>See</i> Instru- 1(b). | s Section 17(| | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Miller Marc D | | | 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [UHS] | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) UNIVERSA SERVICES, GULPH RO. | L HEALTH INC., 367 SOU | Middle) TH | 3. Date c | f Earliest Tr Day/Year) | ransaction | | X Director X Officer (giv below) | | % Owner her (specify | |
| | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| (City) | (State) | (Zip) | | | | | Person | | | |
| | | - | | | | | cquired, Disposed | | • | |
| | 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 Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code V | | (D) Price | (Instr. 3 and 4) | | | |
| Reminder: Repo | ort on a separate line | e for each cla | ass of sec | urities benef | ficially own | ned directly of | 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) | Execution Date, if TransactionDerivative I ny Code Securities (| | 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> | 90,000 | | <u>(2)</u> | 01/19/2016 | Class B Common Stock | 90,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|---|---------------|-----------|-----------|-------|--|
| | Director | 10% Owner | Officer | Other | |
| Miller Marc D UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406 | Х | | President | | |
| Signatures | | | | | |
| /s/ Steve Filton, Attorney in Fact for Marc D Miller | . 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) 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.