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Form 4												
FORM 4	1									OMB A	PPROV	AL
CUNIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						ON	OMB Number:	3235	-0287			
Check this bo if no longer subject to Section 16. Form 4 or Form 5		F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires:January 31 200Estimated averageburden hours per response0.			
obligations may continue. <i>See</i> Instructio 1(b).	Section 17((a) of the I	Public U		ding Con	npany A	Act of 1	Act of 1934 1935 or Sec				
(Print or Type Respo	onses)											
Miller Marc D Sy UI			2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [UHS]				I	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) UNIVERSAL H SERVICES, IN GULPH ROAD	IEALTH C., 367 SOU	Middle) TH		f Earliest T Day/Year) 2011	ransaction		-	_X_ Director _X_ Officer (pelow)	give t		6 Owner her (specify	7
Filed(N				If Amendment, Date Original ed(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 				
KING OF PRU							Ī	Person	- ,		-r8	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Securitie	es Acqui	ired, Dispose	d of,	or Beneficia	lly Owne	d
	Transaction Date 2A. Deem Ionth/Day/Year) Execution any (Month/D		Date, if TransactionAcquired (A) or Code Disposed of (D)			Sec Ber Ow Fol Rep	Amount of curities neficially /ned lowing ported	Fo (D (I)	Ownership rm: Direct) or Indirect str. 4)	7. Natur Indirect Benefici Ownersh (Instr. 4)	al hip	
				Code V	Amount	or (D) Pri	(Ins	unsaction(s) str. 3 and 4)				
Reminder: Report o	n a separate line	e for each cla	ass of sec	urities bene	ficially own	ned direct	tly or ind	directly.				

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. Transacti Code (Instr. 8)	5. Number of ionDerivative Securities Acquired (A) of Disposed of (I (Instr. 3, 4, and 5)	Expiration I (Month/Day or	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	7 (A) (I	0) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Class A Common Stock	Ш	11/16/2011		G <u>(2)</u> V	7 100,000	<u>(3)</u>	<u>(4)</u>	Class B Common Stock	100,000	
Class A Common Stock	<u>(1)</u>	11/16/2011		G <u>(2)</u> V	7 100,000	<u>(3)</u>	<u>(4)</u>	Class B Common Stock	100,000	
Class A Common Stock	<u>(1)</u>	11/16/2011		G <u>(2)</u> V	7 100,000	<u>(3)</u>	<u>(4)</u>	Class B Common Stock	100,000	

Reporting Owners

Reporting Owner Name / Address	Relationships					
r g	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/ Marc D. Miller <u>**</u>Signature of Reporting Person L1/17/2011 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) The Class A Common Stock is convertible into Class B Common Stock on a share for share basis.

(2)

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On November 16, 2011, Mr. Alan B. Miller transferred 100,000 shares of Class A Common Stock to each of The Abby Miller King 2011 GRAT, The Marc Daniel Miller 2011 GRAT and The Marni Spencer 2011 GRAT. These shares were previously directly held by Mr. Alan B. Miller and the transfer resulted in a change of beneficial ownership from direct to indirect. Mr. Alan Miller's pecuniary interest in these shares is unchanged. Mr. Marc Miller serves as Co-Trustee of each of these GRATs.

- (3) Immediately
- (4) 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.