

UNIVERSAL HEALTH REALTY INCOME TRUST  
 Form 4  
 August 12, 2015

**FORM 4**

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**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

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
**FOWLER TIMOTHY J**

2. Issuer Name and Ticker or Trading Symbol  
**UNIVERSAL HEALTH REALTY INCOME TRUST [UHT]**

5. Relationship of Reporting Person(s) to Issuer  
 (Check all applicable)

(Last) (First) (Middle)  
**UNIVERSAL HEALTH REALTY INCOME TRUST, 3525 PIEDMONT ROAD, N.E.**  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
**08/12/2015**

\_\_\_\_ Director  
 Officer (give title below)  
 \_\_\_\_ 10% Owner  
 \_\_\_\_ Other (specify below)  
**Vice President**

**ATLANTA, GA 30305**  
 (City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 \_\_\_\_ Form filed by More than One Reporting Person

**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 Ownership (Instr. 4)	
				(A) or (D)	Price			
				Code	V	Amount		
Shares Of Beneficial Interest	08/12/2015		M	2,000	A	\$ 34.9	17,589	D
Shares Of Beneficial Interest	08/12/2015		F	1,444	D	\$ 48.35	16,145	D

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

**Persons who respond to the collection of information contained in this form are not required to respond unless the form**

SEC 1474 (9-02)

**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)*

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 (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)
Option To Purchase Shares Of Beneficial Interest	\$ 34.9	08/12/2015		M	2,000	<u>(1)</u> 09/01/2015	Shares Of Beneficial Interest 2,000

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
FOWLER TIMOTHY J UNIVERSAL HEALTH REALTY INCOME TRUST 3525 PIEDMONT ROAD, N.E. ATLANTA, GA 30305			Vice President	

## Signatures

/s/ Charles F. Boyle, Attorney-in-Fact for Mr. Fowler	08/12/2015
<u>      </u> **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).

The option vested ratably on each of 9/1/2006, 9/1/2007, 9/1/2008 and 9/1/2009. Optionee was also granted Dividend Equivalent Rights (1) on the same terms as the Option, pursuant to which the holder will receive the accrued cash dividends upon exercise of the Dividend Equivalent Rights.

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.