Edgar Filing: MILLER ALAN B - Form 4

MILLER AL	AN B											
Form 4	o											
April 16, 201										OMB A	PPROVAL	
FORM	4 UNITED	STATES					GE CO	OMMISSIC	ON	OMB Number:	3235-0	
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	er STATEN 5. Filed put s Section 17(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 30(h) of the Investment Company Act of 1940								Estimated average burden hours per		2005 0.5
(Print or Type R	esponses)											
MILLER ALAN B S			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 ROA	L HEALTH INC., 367 SOU	Middle) TH		of Earliest T Day/Year) 2018	ransaction			_X_ Director _X_ Officer (j below) C	give t	$\begin{array}{c} \underline{X} \\ 10 \\ \underline{X} \\ 0 \\ below \end{array}$	er (specify	
				Amendment, Date Original d(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 PF	RUSSIA, PA 19	406						Form filed t Person	эу Мо	ore than One R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securitie	es Acqu	ired, Dispose	d of,	or Beneficia	lly Owned	
1.Title of Security (Instr. 3) 2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		Date, if	TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A)			Sec Be: Ow Fol Rej Tra	Amount of curities neficially vned llowing ported ansaction(s) str. 3 and 4)	Fo (D (I)	Ownership rm: Direct) or Indirect (str. 4)	Indirect		
Reminder: Repo	ort on a separate line	e for each cl	ass of sec					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. Transactic Code (Instr. 8)	5. Number of onDerivative 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 o Number o Shares
Option To Purchase Class B Common Stock	\$ 119.64	04/13/2018		A <u>(1)</u>	590,000	(2)	04/12/2023	Class B Common Stock	590,000

Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
MILLER ALAN B UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406	Х	Х	Chairman and CEO	
Signatures				
/s/ Steve Filton, Attorney-in-Fact for Alan B Miller	•	04/16/20)18	
**Signature of Reporting Person		Date		
Explanation of Response	es:			

- * 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 Third Amended and Restated 2005 Stock Incentive Plan.
- (2) Option vests ratably on each of 4/13/2019, 4/13/2020, 4/13/2021, and 4/13/2022.

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.