Edgar Filing: UNIVERSAL HEALTH SERVICES INC - Form 4

UNIVERSAL HEALTH SERVICES INC

Form 4

Common

Stock

November 17, 2006

FORM	Λ Δ							_	PPROVAL	
	UNITED	STATES SECT V	URITIES A Vashington,			IGE (COMMISSION	OMB Number:	3235-0287	
Check the if no lon subject to Section Form 4 co	ger o STATEN 16.		F CHANGES IN BENEFICIAL OWN SECURITIES Section 16(a) of the Securities Exchang					Expires: Estimated a burden hou response	rs per	
obligation may con See Instruction 1(b).	ons tinue. Section 17(a) of the Public 30(h) of the	Utility Hold	ding Com	pany	Act o	f 1935 or Section	on		
(Print or Type	Responses)									
			2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [UHS]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) (1 AL CORPORATE 367 SOUTH GUL	(Mont E 11/15	e of Earliest Tr h/Day/Year) 5/2006	ransaction			_X_ Director _X_ Officer (giv below) Chairma	ve title Oth below) n, President and	er (specify	
	(Street)	Street) 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				
KING OF I	PRUSSIA, PA 194	406					Form filed by Person	More than One Re	eporting	
(City)	(State)	(Zip) T	able I - Non-D	Derivative S	Securit	ies Acc	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Code	4. Securit or(A) or Di (D) (Instr. 3,	sposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Class B			Code V	Amount	(D)	Price	(msu. 3 and 4)			
Common Stock	11/15/2006		A	10,000 (1)	A	\$ 0	476,186	D		
Class B									MMA	

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)

I

295,480

Family,

LLC (2)

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displays a currently valid OMB control

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	e and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration Da	ate	Amou	nt of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						J
					(A) or						J
					Disposed						7
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									A 4		
									Amount		
						Date	Expiration	T:41-	or Namelana		
						Exercisable Date		Number			
				C 1 W	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
MILLER ALAN B UNIVERSAL CORPORATE CENTER 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406	X	X	Chairman, President and CEO			

Signatures

Charles F. Boyle, Attorney-in-Fact

**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) These shares were granted pursuant to the 2001 Employees' Restricted Stock Purchase Plan, as amended, and shall vest on November 15, 2010.
- (2) Mr. Miller disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that Mr. Miller is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

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.

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