### Edgar Filing: UNIVERSAL HEALTH SERVICES INC - Form 4

UNIVERSA Form 4 June 03, 200	L HEALTH SER	VICES II	NC								
FORM										OMB	APPROVAL
	UNITED	STATES				ND EXC D.C. 205		NGE	COMMISSION	OMB Number:	3235-0287
Check th if no lon	aar			0						Expires:	January 31,
subject to Section 1 Form 4 c Form 5	o SIAIEN 16. pr			SEC	CUR	NERSHIP OF	Estimated burden ho response	ours per			
obligatio may con See Instr 1(b).	tinue. Section 17(	a) of the H	Public U	tility l	Holo		ipany	Act c	ge Act of 1934, ff 1935 or Sectio 40	on	
(Print or Type)	Responses)										
1. Name and A MILLER A	Address of Reporting LAN B	Person <u>*</u>	Symbol	RSAI		Ticker or T		-	5. Relationship o Issuer (Che	f Reporting Po ck all applical	
(Last)	(First) (1	Middle)	-	-	of Tr	ansaction			X Director	X 1	0% Owner
UNIVERSA	AL HEALTH 5, INC., 367 SOU'		(Month/I 06/03/2	Day/Yea		ansaction			XOfficer (giv below)		ther (specify
	(Street) PRUSSIA, PA 194	406	4. If Ame Filed(Mo			te Original			6. Individual or J Applicable Line) _X_ Form filed by Form filed by 1	One Reporting	Person
(City)	(State)	(Zip)	Tab	LAT N	D	· · · · · · · · · · · · · · · · · · ·	Y	4	Person	f an Danaffai	aller Oran ad
					on-D				quired, Disposed o		-
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or					SecuritiesCBeneficiallyFOwnedCFollowingFReportedCTransaction(s)F	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Class B Common Stock	06/03/2008			Code G	v V	Amount 20,000	(D) D	Price \$ 0	(Instr. 3 and 4) 251,667 (2)	D	
Class B Common Stock									23,000 (1)	I	By Alan Miller Family Foundation
Class B Common Stock									16,408	I	By The Abby Miller King 2006

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			GRAT
Class B Common Stock	16,408	I	By The Marc D. Miller 2006 GRAT
Class B Common Stock	16,408	I	By The Marni Spencer 2006 GRAT
Class B Common Stock	50,000	Ι	By The Abby Miller King 2008 GRAT
Class B Common Stock	50,000	Ι	By The Marc Daniel Miller 2008 GRAT
Class B Common Stock	50,000	Ι	By The Marni Spencer 2008 GRAT

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 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)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Amou Under Secur	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address		Relationships							
				Officer	Other				
MILLER ALAN B UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406		Х	Х	Chairman, President and CEO					
Signatures									
/s/ Alan B. Miller	06/03/2008								
<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).
- (1) 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.
- (2) Adjusted from prior reported amount to correct a historical error in the amount of the securities beneficially owned.

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.