McDonnell Eileen C. Form 4 March 04, 2019

FORM 4

OMB APPROVAL

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

OMB Number: 3235-0287

if no longer subject to Section 16. Form 4 or

Check this box

Expires: January 31, 2005

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Form 4 or Form 5 obligations may continue. See Instruction

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 оронос...

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person **
McDonnell Eileen C.

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Symbol

UNIVERSAL HEALTH SERVICES

(Check all applicable)

INC [UHS]

(Middle)

(Zin)

3. Date of Earliest Transaction (Month/Day/Year)

02/28/2019

_X__ Director _____ 10% Owner ____ Officer (give title _____ Other (specify

THE PENN MUTUAL LIFE INSURANCE COMPANY, 600 DRESHER ROAD

(Street)

(State)

(First)

4. If Amendment, Date Original

 $6. \ Individual \ or \ Joint/Group \ Filing (Check$

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person ___ Form filed by More than One Reporting

Person

Issuer

HORSHAM, PA 19044

(City)	(State)	(Zip) Table	e I - Non-D	erivative	Secur	rities Acqu	ired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transactio Code (Instr. 8)	4. Securin(A) or Di (Instr. 3,	sposed 4 and (A) or	d of (D)	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 Beneficial Ownership (Instr. 4)
Class B Common Stock	02/28/2019		M	7,500	A	\$ 138.83	11,460	D	
Class B Common Stock	02/28/2019		F	4,223	D	\$ 138.83	7,237	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

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(9-02)

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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. 5. Number Transaction Derivative Code Securities (Instr. 8) 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 or Number of Shares
Option To Purchase Class B Common Stock	\$ 78.17	02/28/2019		M	7,500	<u>(1)</u>	03/25/2019	Class B Common Stock	7,500

Reporting Owners

Reporting Owner Name / Address	Keiauonsnips					
	Director	10% Owner	Officer	Other		

X

McDonnell Eileen C.

THE PENN MUTUAL LIFE INSURANCE COMPANY

600 DRESHER ROAD HORSHAM, PA 19044

Signatures

/s/ Eileen C. 03/04/2019 McDonnell

**Signature of Reporting Date
Person

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) Option vested ratably on 03/26/2017 and 03/26/2018.

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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