Edgar Filing: UNIVERSAL HEALTH SERVICES INC - Form 4

UNIVERSA Form 4 August 06,	AL HEALTH SER	VICES II	NC								
FORM	ЛЛ									PPROVAL	
	UNITED	STATES		RITIES A shington			IGE (COMMISSIO	N OMB Number:	3235-0287	
if no lor subject Section Form 4 Form 5 obligation may con	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1934, 30(h) of the Investment Company Act of 1940								Estimated burden hou response	Estimated average burden hours per response 0.5	
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Marquez Michael			2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [UHS]					5. Relationship of Reporting Person(s) to IssuerCS (Check all applicable)			
	AL HEALTH 5, INC., 367 SOU	Middle) TH		of Earliest Ti Day/Year) 2007	ransaction			Director X Officer (g below)		% Owner her (specify	
(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 Form filed by More than One Reporting 			
KING OF	PRUSSIA, PA 19	406						Person		-F8	
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securit	ies Acc	quired, Disposed	of, or Beneficia	lly Owned	
(Instr. 3) any		Execution	on Date, if Transactio Code Day/Year) (Instr. 8)		4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		S F C F F T	5. Amount of Gecurities Beneficially Dwned Following Reported Fransaction(s) Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect	
Demin 1 D		f		Code V			rice				
Keminder: Re	port on a separate line	e for each cl	ass of sec	untiles benef	inclainy ow	ned arred	cuy or	mairecuy.			

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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. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day	piration Date		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (E	D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option To Purchase Class B Common Stock	\$ 51.19	08/02/2007		A <u>(1)</u>	10,000	<u>(2)</u>	08/02/2012	Class B Common Stock	10,000	

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Reporting Owners

Reporting Owner Name / Address	Relationships					
FB	Director	10% Owner	tionships Officer Vice President	Other		
Marquez Michael UNIVERSAL HEALTH SERVICES, INC. 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406			Vice President			
Signatures						
lal Starra Eilten attamper						

/s/ Steve Filton, attorney 08/06/2007 in fact Date

**Signature of Reporting 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 granted to purchase shares of Class B Common Stock under the Company's 2005 Stock Incentive Plan.

(2) The option vests ratably on each of 8/2/2008, 8/2/2009, 8/2/2010 and 8/2/2011.

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.