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UNIVERSAL HEALTH SERVICES INC

Form 4

March 09, 2016

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

3235-0287 Number:

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obligations

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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

may continue. See Instruction 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Issuer

HOTZ ROBERT H

Symbol UNIVERSAL HEALTH SERVICES

(Check all applicable)

INC [UHS]

_X__ Director 10% Owner

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

03/08/2016

Other (specify Officer (give title

HOULIHAN LOKEY HOWARD & **ZUKIN, 245 PARK AVENUE,**

(Street)

(State)

(First)

(Middle)

(Zip)

20TH FLOOR

(City)

(Last)

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

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

6. Individual or Joint/Group Filing(Check

NEW YORK, NY 10167

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired (A) Transactiom Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price		(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature of Ownership Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4) (I) (Instr. 4)		
Class B Common Stock	03/08/2016		M	7,500	A	\$ 36.95	47,911	D	
Class B Common Stock	03/08/2016		M	7,500	A	\$ 53.38	55,411	D	
Class B Common Stock	03/08/2016		F	5,923	D	\$ 114.39	49,488	D	

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Class B Common

03/08/2016

 $S^{(1)}$

7,077 D \$ 42,411

D

Stock

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474 (9-02)

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. Transactic Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day	ate	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	\$ 36.95	03/08/2016		M	7,500	<u>(2)</u>	01/17/2017	Class B Common Stock	7,500
Option To Purchase Class B Common Stock	\$ 53.38	03/08/2016		M	7,500	(3)	01/15/2018	Class B Common Stock	7,500

Reporting Owners

Relationships Reporting Owner Name / Address

Director 10% Owner Officer Other

HOTZ ROBERT H HOULIHAN LOKEY HOWARD & ZUKIN 245 PARK AVENUE, 20TH FLOOR NEW YORK, NY 10167

X

2 Reporting Owners

Signatures

/s/ Robert H. 03/09/2016 Hotz

**Signature of Date
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).

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$112.99 to \$113.1725, inclusive. The reporting person undertakes to provide to Universal Health Services, Inc. (the "Company"), any stockholder of the Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in Footnote 1.

- (2) Option vested on 1/18/2015 and 1/18/2016.
- (3) Option vested on 1/16/2015 and 1/16/2016.

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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