Edgar Filing: UNIVERSAL HEALTH SERVICES INC - Form 4

UNIVERSA Form 4 March 24, 2	AL HEALTH SEI 2016	RVICES I	NC									
FORM	ЛЛ									APPROVAL		
Washington, D.C. 20549								N OMB Number:	3235-028			
if no lor subject Section Form 4 Form 5 obligation may con	obligations may continue. See Instruction See							Estimate burden h response	Estimated average burden hours per response 0.5			
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> HOTZ ROBERT H			2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [UHS]				CES	5. Relationship of Reporting Person(s) to IssuerS (Check all applicable)				
	N LOKEY HOW 15 PARK AVENI			of Earliest T Day/Year) 2016	ransaction			X Director Officer (gi below)		0% Owner Dther (specify		
				If Amendment, Date Original ed(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				
NEW YOF	RK, NY 10167							Person	wore than one	Reporting		
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securitie	es Acq	uired, Disposed	of, or Benefic	cially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D) 4 and 5) (A) or	S B O F R T	Amount of ecurities eeneficially whed ollowing eeported ransaction(s) instr. 3 and 4)	Form: Direct	 7. Nature of Indirect Beneficial Ownership (Instr. 4) 		
Reminder: Re	port on a separate lin	e for each cl	ass of sec					ndirectly.				

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number of TransactiorDerivative 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	\$ 118.62	03/23/2016		A	15,000		<u>(1)</u>	03/22/2021	Class B Common Stock	15,000

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HOTZ ROBERT H HOULIHAN LOKEY HOWARD & ZUKIN 245 PARK AVENUE, 20TH FLOOR NEW YORK, NY 10167	Х						
Signatures							
/s/ Steve Filton, Attorney-in-Fact for Mr. Hotz	03/24/2016						
<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) Option vests ratably on each of 3/23/2017, 3/23/2018, 3/23/2019 and 3/23/2020.

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.