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UNIVERSAL HEALTH SERVICES INC

Form 4

March 16, 2006

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

0.5

January 31, Expires: 2005

OMB APPROVAL

Estimated average burden hours per response...

5. Relationship of Reporting Person(s) to

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

MILLED ALAND		Symbol Symbol	bol			Issuer				
			UNIVI INC [U		HEALTH S	SERV	/ICES	(Che	ck all applicat	ole)
(Mor		(Month/	3. Date of Earliest Transaction (Month/Day/Year) 03/15/2006			_X_ Director _X_ 10% Owner _X_ Officer (give title Other (specify below) Chairman, President and CEO				
ROAD	307 SOUTH GO.	Lrn								
			Amendment, Date Original (Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person				
KING OF PRUSSIA, PA 19406							Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tal	ble I - Non-	Derivative :	Securi	ities Acqu	uired, Disposed o	of, or Benefici	ally Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	4. Securitie our Disposed (Instr. 3, 4	d of (E and 5)))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Class B Common Stock	03/15/2006			D	200,000	D	\$ 0.01	196,484	D	
Class B Common Stock	03/15/2006			A	200,000 (1)	A	\$ 0.01	396,484	D	
Class B Common Stock	03/15/2006			F	14,818	D	\$ 48.05	381,666	D	

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Class B Common Stock	33,000	I	By Alan B. Miller Family Foundation
Class B Common Stock	400,000	I	By MMA Family, LLC

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	iorNumber	Expiration D	Pate	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Underlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	Derivativ	e		Securities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr. 3 and 4)		Owne
	Security				Acquired					Follo
					(A) or					Repo
					Disposed					Trans
					of (D)					(Instr
					(Instr. 3,					
					4, and 5)					
								Amount		
								or		
						Date	Expiration	Title Number		
						Exercisable	Date	of		
				Code V	(A) (D)			Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
topological tune, that	Director	10% Owner	Officer	Other			
MILLER ALAN B UNIVERSAL CORPORATE CENTER 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406	X	X	Chairman, President and CEO				

Signatures

Alan B. Miller	03/16/2006		
**Signature of Reporting Person	Date		

Reporting Owners 2

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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).
- These restricted shares were granted pursuant to the Amended and Restated 2001 Employees' Restricted Stock Purchase Plan. The shares
- (1) vest equally on 3/15/2007 and 3/15/2008 and are subject to forfeiture if Universal Health Services, Inc. does not achieve a specified earnings threshold for 2006.

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.