### Edgar Filing: UNIVERSAL HEALTH SERVICES INC - Form 4

#### UNIVERSAL HEALTH SERVICES INC

Form 4 June 01, 2005

# FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

#### OMB APPROVAL

OMB Number: 3235-0287

Expires: January 31, 2005

Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

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

Washington, D.C. 20549

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 * DUCAT LEATRICE				2. Issuer Name <b>and</b> Ticker or Trading Symbol UNIVERSAL HEALTH SERVICES INC [UHS]						5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) (First) (Middle)  NDRI, 401 N. MICHIGAN AVE., SUITE 1200				3. Date of Earliest Transaction (Month/Day/Year) 05/31/2005						X Director 10% Owner Officer (give title below) Other (specify below)			
	CHICAGO,	(Street) IL 60611		4. If Ame Filed(Mor			_	1			-	rson	
	(City)	(State)	(Zip)	<b></b>	<b>T N</b> T	ъ	• 4•	a	•	Person	e <b>1</b> 5 e 11		
	Table 1 - Non-Derivative Securities Acquired, Disposed of, of Beneficiary Owned												
	1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	) Execution any	med on Date, if Day/Year)	Code (Instr. 8	8)	4. Securi n(A) or Di (Instr. 3,	spose	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)		
	Class B Common Stock	05/31/2005			G		600	D	\$ 58.43	2,000	D		
	Class B Common Stock									200	I	By Spouse's Estate	

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

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#### number.

# 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. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration	T:41-	or Namel		
						Exercisable	Date	Title	Number		
				C 1 W	(A) (D)				of		
				Code V	(A) (D)				Shares		

Relationships

### **Reporting Owners**

Reporting Owner Name / Address	<b>. </b>						
	Director	10% Owner	Officer	Other			
JCAT LEATRICE							

DUCAT LEATRICE NDRI 401 N. MICHIGAN AVE., SUITE 1200 CHICAGO, IL 60611



## **Signatures**

Reporting Person

/s/ Leatrice
Ducat

\*\*Signature of 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).

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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