## Edgar Filing: UNIVERSAL HEALTH REALTY INCOME TRUST - Form 4

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UNIVERSAL Form 4 June 13, 2016		REALTY IN	COME TF	RUST							
									OMB APPROVAL		
Washington, D.C. 20549							OMB Number:	3235-0287			
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation: may contin <i>See</i> Instruct 1(b).	Filed Southeast Section	pursuant to 17(a) of the	Section 16	SECURI (a) of the lity Holdi	TIES Securitie	es Ex pany	chang Act of	NERSHIP OF e Act of 1934, f 1935 or Sectio 40	Expires: Estimated a burden hou response n	rs per	
(Print or Type Ro	esponses)										
Miller Marc D Symbol UNIVER				Name and Ticker or Trading RSAL HEALTH REALTY E TRUST [UHT]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)(First)(Middle)3. Date of 1 (Month/DaUNIVERSAL CORPORATE CENTER, 367 S. GULPH ROAD06/09/20				-				Director10% Owner Officer (give titleXOther (specify below) below) Trustee			
	(Street)		Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
KING OF PF	RUSSIA, PA	19406						Form filed by M Person	Iore than One Re	eporting	
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)		n Date 2A. De Year) Execut any (Month		Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3, Amount	(A) o of (D 4 and (A) or	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Shares Of Beneficial Interest	06/09/2016	)		A	350 <u>(1)</u>			2,504	D		

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

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)

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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. Transact Code (Instr. 8)	5. tionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

S

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Miller Marc D UNIVERSAL CORPORATE CENTER 367 S. GULPH ROAD KING OF PRUSSIA, PA 19406				Trustee			
Signatures							
/s/ Charles F. Boyle, Attorney-in-Fact for Miller	06/1	3/2016					
<b>**</b> 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).
- These restricted shares of beneficial interest were granted pursuant to the Amended and Restated Universal Health Realty Income Trust (1) 2007 Restricted Stock Plan and shall vest on the second anniversary of the grant date.

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.