Edgar Filing: UNIVERSAL HEALTH REALTY INCOME TRUST - Form 4

UNIVERSAL HEALTH REALTY INCOME TRUST

Form 4

September 08, 2008

FORM	1							OMB A	PPROVAL			
	Washington, D.C. 20549							OMB Number:	3235-028			
Check this if no longe	er.	_						Expires:	January 3			
subject to STATEMENT OF CHANGES IN BENEFICIAL						COW	NERSHIP OF	Estimated a	200 average			
Section 16 Form 4 or								burden hours per response (
Form 5 obligations may continue See Instruction.	Section 17(a)	ant to Section 16 of the Public Uti 30(h) of the Inv	ility Holdi	ng Com	pany	Act o	f 1935 or Sectio	n				
(Print or Type Re	esponses)											
RAMAGANO CHERYL K Sy			Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer					
			UNIVERSAL HEALTH REALTY INCOME TRUST [UHT]					(Check all applicable)				
(Last)	(First) (Mid		3. Date of Earliest Transaction (Month/Day/Year)				Director 10% OwnerX_ Officer (give title Other (specify					
	L CORPORATE 57 SOUTH GULP	09/04/20 H	8008				below) VP, Tre	below) asurer & Secre	tary			
ROAD	(Street)	4. If Amer	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check					
		Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person					
KING OF PR	RUSSIA, PA 1940	6					Form filed by N Person	More than One Re	eporting			
(City)	(State) (Z	ip) Table	I - Non-De	rivative S	ecurit	ies Acc	quired, Disposed of	f, or Beneficial	lly 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 TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)))	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)					
Shares Of Beneficial Interest	09/04/2008		A	1,000 (1)	A	\$0	9,220	D				
D ' D			·.· 1	• 11	.a.a.	-41-	· r a					

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

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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	Transactio	orNumber	Expiration D	ate	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(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)						
								Δ	mount		
						Date	Expiration	Title N	ı Iumber		
						Exercisable	Date	01			
				Code V	(A) (D)				hares		

Reporting Owners

Relationships Reporting Owner Name / Address

10% Owner Officer Other Director

RAMAGANO CHERYL K UNIVERSAL CORPORATE CENTER 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406

VP, Treasurer & Secretary

Signatures

/s/ Charles F. Boyle, attorney-in-fact for Ms. Ramagano

09/08/2008

**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 Universal Health Realty Income Trust 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.

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