URBAN OUTFITTERS INC Form SC 13G February 03, 2015

SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

SCHEDULE 13G

INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT TO RULES 13d-1(b), (c), AND (d) AND AMENDMENTS THERETO FILED PURSUANT TO RULE 13d-2

	(AMENDMENT NO.)*
	Urban Outfitters, Inc.
_	(Name of Issuer)
	Common Stock
	(Title of Class of Securities)
	917047102
	(CUSIP Number)
	12/31/2014
(I	Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

X	Rule 13d-1(b)
0	Rule 13d-1(c)
o	Rule 13d-1(d)

^{*}The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

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CUSIP NO. 917047102	13G	Page 2 of 4 Pages			
1.	. NAME OF REPORTING PERSONS				
Massachusetts Financial Services Con	mpany ("MFS")				
2. CHECK THE (SEE INSTRUCTIONS)	E APPROPRIATE BOX IF A MEMBER O	F A GROUP			
a) o (b) o					
Not Applicable					
3.	SEC USE ONLY				
4. CI	ΓΙΖENSHIP OR PLACE OF ORGANIZAT	ION			
Delaware					
NUMBER OF SHARES BENEFICIA	ALLY OWNED BY EACH REPORTING P	ERSON WITH:			
5.	SOLE VOTING POWER				
10,946,145 shares of common stock					
6.	SHARED VOTING POWER				
None					
7.	SOLE DISPOSITIVE POWER				
12,195,097 shares of common stock					
8.	SHARED DISPOSITIVE POWER				
None					
9. AGGREGATE AMOU	NT BENEFICIALLY OWNED BY EACH	REPORTING PERSON			
12,195,097 shares of common stock, non-reporting entities.	consisting of shares beneficially owned by M	MFS and/or certain other			
10. CHECK IF THE AGGREGATE A INSTRUCTIONS)	AMOUNT IN ROW (9) EXCLUDES CERT	'AIN SHARES (SEE o			
Not Applicable					
11. PERCENT	OF CLASS REPRESENTED BY AMOUN	T IN ROW 9			

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9.3	
12.	TYPE OF REPORTING PERSON (SEE INSTRUCTIONS)
IA	

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ITEM 1:		(a)	NAME OF ISSUER:				
See Cove	See Cover Page						
(b)	(b) ADDRESS OF ISSUER'S PRINCIPAL EXECUTIVE OFFICES:						
5000 Sou	ıth Broad St.						
Philadelp	ohia, PA 19112						
ITEM 2:		(a)	NAME OF PERSON FILING:				
See Item	1 on page 2						
	(b)	ADDRESS OF PRINCI	PAL BUSINESS OFFICE OR, IF NONE, RESIDENCE:				
	tington Avenue MA 02199						
(c)	CITIZENSHII	D.					
See Item 4 on page 2							
(d)	TITLE OF CLASS OF SECURITIES:						
See Cover Page							
(e)	(e) CUSIP NUMBER:						
See Cover Page							
ITEM 3: The person filing is an investment adviser in accordance with Rule 13d-1(b)(1)(ii)(E)			is an investment adviser in accordance with				
ITEM 4:			OWNERSHIP:				
(a)	AMOUNT BE	ENEFICIALLY OWNED:					
See Item 9 on page 2							
(b)	PERCENT OF CLASS:						
See Item 11 on page 2							
(c)							

NUMBER OF SHARES AS TO WHICH SUCH PERSON HAS VOTING AND DISPOSITIVE POWERS (SOLE AND SHARED):

	See	Items	5-8	on	page	2
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ITEM 5: OWNERSHIP OF FIVE PERCENT OR LESS OF A CLASS: 0

Not Applicable

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ITEM 6: OWNERSHIP OF MORE THAN FIVE PERCENT ON BEHALF OF ANOTHER PERSON:

Not Applicable

ITEM IDENTIFICATION AND CLASSIFICATION OF THE SUBSIDIARY WHICH ACQUIRED THE 7: SECURITY BEING REPORTED ON BY THE PARENT HOLDING COMPANY OR CONTROL PERSON:

Not Applicable

ITEM 8: IDENTIFICATION AND CLASSIFICATION OF MEMBERS OF THE GROUP:

Not Applicable

ITEM 9: NOTICE OF DISSOLUTION OF GROUP:

Not Applicable

ITEM 10: CERTIFICATIONS:

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired and are held in the ordinary course of business and were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

SIGNATURE

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Date: February 3, 2015

Massachusetts Financial Services Company

/s/ DANIEL W. FINEGOLD By: Daniel W. Finegold

Vice President and Assistant Secretary