Edgar Filing: UNIVERSAL HEALTH REALTY INCOME TRUST - Form 4

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UNIVERSAL Form 4 June 13, 2016	HEALTH REAI	LTY INC	OME TR	UST								
										OMB APPROVAL		
-	CUNIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 Eiled pursuant to Sec				SECURI	Expires:January 312005Estimated averageburden hours perresponse0.5							
Form 5 obligations may continue. See Instruction 1(b). 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												
(Print or Type Re	esponses)											
SUSSMAN ELLIOT J MD MBA Sy UI				2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH REALTY INCOME TRUST [UHT]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Month/I				Pate of Earliest Transaction onth/Day/Year) 09/2016				Director 10% Owner Officer (give title _X Other (specify below) below) Trustee				
	(Street)	Filed(Month/Day/Year) Ar _X					Applicable Line) _X_ Form filed by C	Individual or Joint/Group Filing(Check pplicable Line) X_ Form filed by One Reporting Person _ Form filed by More than One Reporting				
THE VILLA	GES, FL 32162							Person		porting		
(City)	(State) (Z	Zip)	Table	I - Non-De	rivative Se	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any			1 (/			Securities Deneficially Owned Deneficially Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Shares Of Beneficial Interest	06/09/2016			Code V	Amount 350 (1)	(D)	Price \$ 0	(Instr. 3 and 4) 7,175	D			

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

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
I good and a second	Director	10% Owner	Officer	Other				
SUSSMAN ELLIOT J MD MBA HEALTH IN THE VILLAGES 1020 LAKE SUMTER LANDING THE VILLAGES, FL 32162				Trustee				
Signatures								
/s/ Charles F. Boyle, Attorney-in-Fa Sussman	06/13/2016							
**Signature of Reporting Person	ı		D	ate				

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).

(1) These restricted shares of beneficial interest were granted pursuant to the Amended and Restated 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.