

UNIVERSAL HEALTH REALTY INCOME TRUST

Form 4/A

February 27, 2008

FORM 4UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 Responses)

1. Name and Address of Reporting Person *
FOWLER TIMOTHY J2. Issuer Name and Ticker or Trading Symbol
UNIVERSAL HEALTH REALTY INCOME TRUST [UHT]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
UHS OF DELAWARE, INC., 3525
PIEDMONT ROAD, N.E.3. Date of Earliest Transaction
(Month/Day/Year)
02/13/2008☐ Director ☐ 10% Owner
☒ Officer (give title below) ☐ Other (specify below)
Vice President(Street)
ATLANTA, GA 303054. If Amendment, Date Original
Filed(Month/Day/Year)
02/26/20086. Individual or Joint/Group Filing(Check Applicable Line)
☒ Form filed by One Reporting Person
☐ Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
				(A) or (D)			
			Code	V	Amount	(D)	Price

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

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(9-02)**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned**
(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transaction	5. Number of Derivative	6. Date Exercisable and Expiration Date	7. Title and Amount of Underlying Securities	8. F
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Security (Instr. 3)	or Exercise Price of Derivative Security	any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		(Instr. 3 and 4)		Sec (Instr. 5)		
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock <u>(1)</u>	<u>(2)</u>	02/13/2008	J <u>(3)</u>		83.232		<u>(4)</u>	<u>(5)</u>	Shares Of Beneficial Interest	83.232	\$

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
FOWLER TIMOTHY J UHS OF DELAWARE, INC. 3525 PIEDMONT ROAD, N.E. ATLANTA, GA 30305			Vice President	

Signatures

/s/ Timothy J.
Fowler

02/27/2008

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).
 - (1) Shares of phantom stock are based on interests held under the Universal Health Services, Inc. Amended and Restated Supplemental Deferred Compensation Plan (the "Plan").
 - (2) 1-for-1.
 - (3) On February 19, 2008, Mr. Fowler received a cash distribution in the amount of \$2,924.45 in settlement of 83.232 shares of phantom stock credited to his sub-account under the Plan. The Form 4 previously filed to report this transaction included the incorrect date and amount of the distribution.
 - (4) Immediately.
 - (5) Shares of phantom stock are settled in cash following a fixed period or retirement from Universal Health Services, Inc. pursuant to the terms of the Plan.
 - (6) The Form 4 previously filed to report this transaction included the incorrect price of the derivative security.
- 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.