Edgar Filing: BOYLE CHARLES F - Form 4

| BOYLE CHA Form 4 | RLES F | | | | | | | | | | |
|---|---|---------------|--|--|---|---|---------------|---|--|----------------------------------|--|
| June 11, 2012 | Л | | | | | | | | OMB AI | PPROVAL | |
| FORM Check this if no longer | Washington, D.C. 20549 | | | | | | | | | 3235-0287 January 31, 2005 | |
| subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | Estimated average burden hours per response 0.5 | | |
| obligations may contin <i>See</i> Instruc 1(b). | ue. Section 17(a) | | | | | | | | | | |
| (Print or Type Re | sponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> BOYLE CHARLES F | | | 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) | | | |
| (Last) UNIVERSAI CENTER, 36 ROAD | 3. Date of Earliest Transaction (Month/Day/Year) 06/07/2012 | | | | | Director 10% Owner X Officer (give title Other (specify below) below) Vice President and CFO | | | | | |
| (Street) 4. If Amendm Filed(Month/D | | | | lment, Date Original /Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| KING OF PR | USSIA, PA 1940 |)6 | | | | | | | More than One Re | | |
| (City) | (State) (Z | Zip) | Table | I - Non-De | rivative S | ecurit | ies Acq | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | | 3. Transactic Code (Instr. 8) | 4. Security onAcquired Disposed (Instr. 3, | (A) o of (D |) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Shares Of Beneficial Interest | 06/07/2012 | | | Code V A | Amount 1,800 (1) | (D) A | Price \$ 0 | (Instr. 3 and 4) 16,928 | 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) | Code | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date | 7. Titl Amou Under Secur (Instr. | unt 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 | | | | | | |
|--|---------------|-----------|------------------------|-------|--|--|--|
| r g - i i i i i i i i i i i i i i i i i i | Director | 10% Owner | Officer | Other | | | |
| BOYLE CHARLES F UNIVERSAL CORPORATE CENTER 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406 | | | Vice President and CFO | | | | |
| Signatures | | | | | | | |
| /s/ Alan B. Miller, Attorney-in-Fact for M Boyle | Mr. | 06/11/2 | 012 | | | | |
| **Signature of Reporting Person | | Dat | e | | | | |
| Explanation of Passan | 0001 | | | | | | |

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 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.