#### Edgar Filing: UNIVERSAL HEALTH REALTY INCOME TRUST - Form 4

#### UNIVERSAL HEALTH REALTY INCOME TRUST

Form 4

August 01, 2014

### FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB 3235-0287

**OMB APPROVAL** 

Number:

Expires:

January 31,

2005

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if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

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 may continue. 30(h) of the Investment Company Act of 1940

See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading DALTON JAMES E JR Issuer Symbol UNIVERSAL HEALTH REALTY (Check all applicable) **INCOME TRUST [UHT]** (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner \_X\_ Other (specify Officer (give title (Month/Day/Year) below) below) 6505 EDINBURGH DRIVE 08/01/2014 Trustee (Street) 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 Form filed by More than One Reporting NASHVILLE, TN 37221 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

. •		Table	I - Moll-De	erivative	securi	ues Acqu	in eu, Disposeu oi	, or belieficiali	y Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if		ransaction(A) or Disposed of (D)			Securities	Ownership	Indirect
(Instr. 3)		any (Month/Doy/Voor)	Code	(Instr. 3, 4 and 5)			Beneficially Owned	Form: Direct (D) or	Beneficial Ownership
		(Month/Day/Year)	(Instr. 8)				Following	Indirect (I)	(Instr. 4)
				<b>(4)</b>		Reported	(Instr. 4)	(1110417-1)	
					(A)		Transaction(s)		
			Code V	Amount	(D)	Price	(Instr. 3 and 4)		
Shares Of						¢			
Beneficial	08/01/2014		M	1,000	A	\$ 34.07	6,370	D	
Interest						34.07			
Shares Of									
Beneficial	08/01/2014		F	810	D	\$ 42.06	5 560	D	
Interest	00/01/2014		1	010	D	42.06	3,300	Ъ	
merest									

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number on Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option To Purchase Shares Of Beneficial Interest	\$ 34.07	08/01/2014		M	1,000	<u>(1)</u>	12/01/2014	Shares Of Beneficial Interest	1,000

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

DALTON JAMES E JR

6505 EDINBURGH DRIVE Trustee

NASHVILLE, TN 37221

## **Signatures**

/s/ Charles F. Boyle, Attorney-in-Fact for Mr.
Dalton

08/01/2014

\*\*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).

The option vested ratably on each of 12/1/2005, 12/1/2006, 12/1/2007 and 12/1/2008. Optionee also granted Dividend Equivalent Rights

(1) on the same terms as the Option, pursuant to which the holder will receive the accrued cash dividends upon exercise of the Dividend Equivalent Rights.

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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