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

#### UNIVERSAL HEALTH REALTY INCOME TRUST

Form 4

March 02, 2007

# FORM 4

Check this box

if no longer

subject to

Section 16.

Form 4 or

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations 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 \*

FOWLER TIMOTHY J

2. Issuer Name and Ticker or Trading

Symbol

UNIVERSAL HEALTH REALTY

**INCOME TRUST [UHT]** 

3. Date of Earliest Transaction

(Month/Day/Year) 03/01/2007

3525 PIEDMONT RD. N.E., BLDG. 7, SUITE 202

(State)

(First)

(City)

(Instr. 3)

(Last)

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

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

Issuer

below)

Director

X\_ Officer (give title

ATLANTA, GA 30305

1. Title of 2. Transaction Date 2A. Deemed Security

(Month/Day/Year) Execution Date, if (Month/Day/Year)

(Middle)

(Zip)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

(A)

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4) (Instr. 4)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

Vice President

6. Individual or Joint/Group Filing(Check

10% Owner

Other (specify

Estimated average

burden hours per

Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

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

1. Title of

Conversion

Derivative

3. Transaction Date 3A. Deemed

4. 5. Number

6. Date Exercisable and (Month/Day/Year) Execution Date, if Transaction of Derivative Expiration Date

7. Title and Amount of **Underlying Securities** 

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securitie Acquire (A) or Dispose (D) (Instr. 3, and 5)	d d of	(Month/Day	(Year)	(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	\$ 36.53	03/01/2007		A	3,000		<u>(1)</u>	03/01/2017	Shares of Beneficial Interest	3,000

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
FOWLER TIMOTHY J								
3525 PIEDMONT RD. N.E.			Vice President					
BLDG. 7, SUITE 202			vice President					
ATLANTA, GA 30305								

## **Signatures**

Charles F. Boyle, Attorney in Fact 03/02/2007

\*\*Signature of Reporting Person Da

### **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 vests ratably on each of 3/1/2008, 3/1/2009, 3/1/2010 and 3/1/2011. The reporting person has also been granted Dividend

(1) Equivalent Rights on the same terms as the options, pursuant to which the reporting person 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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