FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| W | ashingt/ | on, D. | C. 20 |)549 |
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* BOYLE CHARLES F | | | | | UN | 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH REALTY INCOME TRUST [UHT] | | | | | | | | | Check all D | ship of Reportir applicable) irector fficer (give title | ng Perso | p Person(s) to Issuer 10% Owner Other (specify | |
|--|------------|--------------|---|-----------------|---|--|--|----------|------------------|---|----------------------|---|---|---|---|--|--|---|----------|
| (Last) | (Fir | rst) (I | Middle) | | | | | | | | | | | | | elow) | | below) | |
| UNIVER | • | PORATE CENTI | , | | | ate of 12/2(| | st Trans | saction (| Month | /Day/Year) | | | | | Vice Presid | lent an | d CFO | |
| (Street) | 7 | | | | 4. If | Amer | ndment, | Date o | of Origin | al File | d (Month/Da | ay/Ye | ar) | | ne) | al or Joint/Grou | | ` | |
| PRUSSI/ | РΔ | . 1 | .9406 | | X Form filed by One Repor Form filed by More than Person | | | | | • | | | | | | | | | |
| (City) | (Sta | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non | -Deriv | ative | Sec | uritie | s Ac | quirec | l, Dis | posed o | f, o | r Ben | eficia | ally Ov | ned | | | |
| Date | | | 2. Transa Date (Month/D | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquirer Disposed Of (D) (Instr. 5) | | | | | nd See Bei Ow | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | e v | Amount | | (A) or (D) | Price | Tra | nsaction(s) str. 3 and 4) | | | (mourly) |
| Shares Of | Beneficial | Interest | | 06/12 | /2019 | | | | A | | 1,770 | (1) | A | \$ | \$0 28,968 D | | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | y Own | ed | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security 1. Title of Conversion Date (Month/Day/Year) 1. Title of Date (Month/Day/Year) 2. Conversion Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 4. Conversion Date (Month/Day/Year) 5. Conversion Date (Month/Day/Year) 6. Conversion Date (Month/Day/Year) 6. Conversion Date (Month/Day/Year) 7. Conversion Date (Month/Day/Year) 8. Conversion Date (Month/Day/Year) 8. Conversion Date (Month/Day/Year) 9. Conversion Date (Month/Day/Year) 9. Conversion Date (Month/Day/Year) 9. Conversion Date (Month/Day/Year) 1. Transaction Date (Month/Day/Year) 1. Transaction Date (Month/Day/Year) 1. Transaction Date (Month/Day/Year) 1. Transaction Date (Month/Day/Year) | | Date, | 4. Transaction Code (Instr. 8) | | 5. Number of 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 Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price Derivativ Security (Instr. 5) | tive derivative ity Securities | Ow Fo Dir or (I) | vnership rm: rect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercise | able | Expiration Date | Title | or Nur of | ount nber | | | | | |

Explanation of Responses:

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.

/s/ Alan B. Miller, Attorney-in-06/13/2019 Fact for Mr. Boyle

** Signature of Reporting Person

Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.