

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 * <u>FOWLER TIMOTHY J</u> (Last) (First) (Middle) <u>UHS OF DELAWARE, INC.</u> <u>3525 PIEDMONT ROAD, N.E.</u> (Street) <u>ATLANTA</u> <u>GA</u> <u>30305</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>UNIVERSAL HEALTH REALTY</u> <u>INCOME TRUST</u> [<u>UHT</u>] 3. Date of Earliest Transaction (Month/Day/Year) <u>02/13/2008</u> 4. If Amendment, Date of Original Filed (Month/Day/Year) <u>02/26/2008</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Vice President</u> 6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person
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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 Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

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. 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. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	V	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
<u>Phantom Stock⁽¹⁾</u>	<u>(2)</u>	<u>02/13/2008</u>		<u>J⁽³⁾</u>			<u>83.232</u>	<u>(4)</u>	<u>(5)</u>	<u>Shares Of Beneficial Interest</u>	<u>83.232</u>	<u>\$34.27⁽⁶⁾</u>	<u>0</u>	<u>D</u>

Explanation of Responses:

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.

Remarks:

/s/ Timothy J. Fowler 02/27/2008
** 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.