

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL

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1. Name and Address of Reporting Person* <u>CAIN DANIEL M</u> (Last) (First) (Middle) <u>CAIN BROTHERS & COMPANY LLC</u> <u>360 MADISON AVENUE, 5TH FLOOR</u> (Street) <u>NEW YORK NY 10017</u> (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol <u>UNIVERSAL HEALTH REALTY</u> <u>INCOME TRUST [UHT]</u>		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) <u>Trustee</u>
			3. Date of Earliest Transaction (Month/Day/Year) <u>12/01/2005</u>		
			4. If Amendment, Date of Original Filed (Month/Day/Year)		
					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

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			
Shares of Beneficial Interest	12/01/2005		M		4,500	A	(1)	7,196	D	

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				
Option to Purchase Shares of Beneficial Interest	\$18.625	12/01/2005		M		2,500	06/23/1998	06/23/2007	Shares of Beneficial Interest	2,500	\$0.00	0	D	
Option to Purchase Shares of Beneficial Interest	\$14.75	12/01/2005		M		1,000	03/10/2001	03/10/2010	Shares of Beneficial Interest	1,000	\$0.00	0	D	
Option to Purchase Shares of Beneficial Interest	\$27.65	12/01/2005		M		750	09/05/2003	09/05/2012	Shares of Beneficial Interest	750	\$0.00	0	D	
Option to Purchase Shares of Beneficial Interest	\$34.07	12/01/2005		M		250	12/01/2005	12/01/2014	Shares of Beneficial Interest	250	\$0.00	0	D	

Explanation of Responses:

1. The original prices of \$18.625, \$14.75, \$27.65 and \$34.07 per share were adjusted to reflect accrued Dividend Equivalent Rights of \$15.63, \$11.21, \$6.54 and \$2.12 per share, respectively.

Daniel M. Cain 12/02/2005
** 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.