

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL	
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☐ 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

<div>1. Name and Address of Reporting Person*</div> <div>SUSSMAN ELLIOT J MD MBA</div> <div>(Last) (First) (Middle)</div> <div>LEHIGH VALLEY HOSPITAL & HEALTH NETWORK</div> <div>P.O. BOX 689</div> <div>(Street)</div> <div>ALLENTOWN PA 18105</div> <div>(City) (State) (Zip)</div>	<div>2. Issuer Name and Ticker or Trading Symbol</div> <div>UNIVERSAL HEALTH REALTY INCOME TRUST [UHT]</div> <div>3. Date of Earliest Transaction (Month/Day/Year)</div> <div>12/01/2004</div> <div>4. If Amendment, Date of Original Filed (Month/Day/Year)</div>	<div>5. Relationship of Reporting Person(s) to Issuer (Check all applicable)</div> <div>Director 10% Owner</div> <div>Officer (give title below) X Other (specify below)</div> <div>Trustee</div> <div>6. Individual or Joint/Group Filing (Check Applicable Line)</div> <div>X Form filed by One Reporting Person</div> <div>Form filed by More than One Reporting Person</div>
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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	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Option to purchase Shares of Beneficial Interest	\$34.07	12/01/2004		A		1,000		12/01/2005 ⁽¹⁾	12/01/2014	Option to purchase Shares of Beneficial Interest	1,000	\$34.07	3,000	D	

Explanation of Responses:

1. 250 on each of 12/1/2005, 12/1/2006, 12/1/2007 and 12/1/2008. Optionee also granted Dividend Equivalent Rights 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.

Charles F. Boyle, Attorney-in-Fact
Signature of Reporting Person
12/02/2004
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.

I, Elliot J. Sussman, M.D., do hereby designate Alan B. Miller, Charles F. Boyle and Cheryl K. Ramagano to act as my lawful attorneys-in-fact to execute and have del

Such necessary forms shall consist of Form 4, Statement of Changes in Beneficial Ownership and Form 5, Annual Statement of Changes in Beneficial Ownership.

I hereby ratify and confirm all that said attorney shall lawfully do or cause to be done by virtue hereof.

Signed and dated on this 2nd day of December 2004.

/s/ Alan B. Miller /s/Charles F. Boyle

Signed and dated on this 2nd day of December, 2004.

On this 2nd day of December, in the year 2004, before me, Celeste A. Stellabott, personally appeared Elliot J. Sussman, M.D., Alan B. Miller, Charles F. Boyle and Ch

/s/ Celeste A. Stellabott (SEAL)
Signature of Notary Public