SEC For	rm 4 FORM	4 UI	NITED	STA1	TES :	SEC	UR	ITIE	S AN	DE	ХСНАМ	IGE	CON	IMISSI	ON			
Washington, D.C. 20549															OMB APPROVAL		VAL	
to Section 16. Form 4 or Form 5 obligations may continue. See					IT OF CHANGES IN BENEFICIAL OWN pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									RSHIF	5	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		
1. Name and Address of Reporting Person* Miller Marc D (Last) (First) (Middle)				UN	2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH REALTY INCOME TRUST [UHT]								Check all X D O		, 10% C		wner (specify	
UNIVERSAL CORPORATE CENTER 367 S. GULPH ROAD					3. Date of Earliest Transaction (Month/Day/Year) 06/02/2021													
(Street) KING OF PRUSSIA PA 19406 					4. If Amendment, Date of Original Filed (Month/Day/Year)									 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 				
		Table	I - Non	-Deriva	tive S	Secu	rities	S Aco	uired.	Dis	posed of	. or B	enefic	ially O	wned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				ction 2A. Deemed Execution Date,			3. 4. Securities Acq Transaction Disposed Of (D) Code (Instr. 5)			es Acqu	ired (A)	or 5. A and Sec Bei Ow	Amount of Securities Beneficially Dwned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) ((D)	or Prie	e Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Shares Of Beneficial Interest 06/02/2					2021	2021			Α		400 ⁽¹⁾	A		50 4,45		t	D	
		Tal									osed of, onvertib				ned			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Dat Security or Exercise (Month/Day/Year) if any			on Date,	4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amoun or Numbe			ve deri / Sec) Ben Own Foll Rep Trai	lumber o ivative surities heficially ned owing oorted nsaction tr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date		of Shares					

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/ Charles F. Boyle, Attorney-	06/02/2021
/s/ Charles F. Boyle, Attorney- in-Fact for Mr. Marc D. Miller	06/03/2021

** 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.