FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL							
OMB Number:	3235-0287							
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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* MILLER ALAN B						2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH REALTY INCOME TRUST [UHT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Check (specify)					
(Last) (First) (Middle) UNIVERSAL CORPORATE CENTER 367 SOUTH GULPH ROAD						3. Date of Earliest Transaction (Month/Day/Year) 06/12/2014								X Officer (give title X Other (specify below) Chairman, President, and CEO / Trustee					
(Street) KING OF PRUSSIA PA 19406 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - N	lon-Deriv	/ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or E	Benefici	ally Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					tion	2A. Deemed Execution Date,		ate,	3. 4. Securitie			s Acquired (A) or of (D) (Instr. 3, 4 ar		5. Amount of		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	Transactio (Instr. 3 an				(IIISU. 4)	
Shares Of Beneficial Interest 06/12/20							14		A ⁽¹⁾		2,800	A	\$0	101,930		I)		
Shares Of Beneficial Interest													42,000		I		By The Alan B. Miller Family Foundation ⁽²⁾		
		Та	ıble II								osed of, convertib			y Owned					
1. Title of Derivative Security (Instr. 3)	re Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year)		4. Transa Code (8)	Instr.	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) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares		8. Price of Derivative Security (Instr. 5) (Instr. 5) (Instr. 5) (Instr. 4)		ive ies cially ng ed ction(s)	10. Owners Form: Direct (I or Indir (I) (Instr	Beneficial Ownership ect (Instr. 4)			

Explanation of Responses:

- 1. These restricted shares of beneficial interest were granted pursuant to the Universal Health Realty Income Trust 2007 Restricted Stock Plan and shall vest on the second anniversary of the grant date.
- 2. Mr. Miller disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that Mr. Miller is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

/s/ Charles F. Boyle, Attorneyin-Fact for Mr. Alan B. Miller 06/1

06/13/2014

** 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.