FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL										
OMB Number:	3235-0287									
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0.5

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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).

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* Miller Marc D				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% Owne Officer (give title V Other (spe					wner		
(Last) (First) (Middle) UNIVERSAL CORPORATE CENTER 367 S. GULPH ROAD					3. Date of Earliest Transaction (Month/Day/Year) 06/12/2014											below) Trustee						
(Street) KING OI PRUSSIA	A PA		.9406 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)										Individ ne) X	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tabl	e I - Non-I	Derivat	tive	Sec	uritie	s Ac	quire	ed, D	isp	osed o	f, o	r Ben	eficia	ally O	wne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Date		ır) E	2A. Deemed Execution Date, f any (Month/Day/Year		Transaction Dispo			Disposed	urities Acquired (A sed Of (D) (Instr. 3,			4 and Se Be Ov		5. Amount of Securities Beneficially Owned Following Reported		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Co	ode V		Amount		(A) or (D)	Price	Transportion(s)				(111511.4)		
Shares Of Beneficial Interest 06/12/					/2014				A	A ⁽¹⁾		350 A		\$	0 1,804		,804		D			
		Та	ble II - De (e.									sed of, onvertib				y Ow	ned					
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/Yea	ate, Tr	Code (Inst				6. Date Exercisab Expiration Date (Month/Day/Year)				7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cc	ode	v	(A)		Date Exer	cisable		expiration Date	Title	of	nber							

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.

/s/ Charles F. Boyle, Attorneyin-Fact for Mr. Marc D. Miller

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.