Washington, D.C. 20549 OMB APPROL 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 Investment Company Act of 1934 or Section 30(h) of the Investment Company Act of 1934 OMB APPROL 1. Name and Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL CORPORATE CENTER 367 SOUTH GULPH ROAD 5. Relationship of Reporting Person(s) to Iss (Check all applicable) Street Middle) 3. Date of Earliest Transaction (Month/Day/Year) 5. Individual or Joint/Group Filing (Check AF Line) KING OF PRUSSIA PA 19406 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check AF Line) KING OF PRUSSIA PA 19406 2. Transaction Month/Day/Year) 6. Individual or Joint/Group Filing (Check AF Line) Lite of Security (Instr. 3) 2. Transaction Month/Day/Year) 2. Tensaction Code (Instr. Month/Day/Year) 3. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and Disposed Of (D) (Instr. 3, 4 and Disposed Of (D) (Instr. 3, 4 and Disposed Of (D) (Instr. 4, 4 and Disposed	SEC For	m 4 FORM 4	4 U	NITE) STAT	TES :	SEC	URI	TIE	S AN	DE	XCHAN	IGE		OMN	IISSIO	N			
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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-	06/04/2020
<u>in-Fact for Ms. Ramagano</u>	00/04/2020

** 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.