FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549	OMB APP	ROVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235

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

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1. Name and Address of Reporting Person* SUSSMAN ELLIOT J MD MBA					U	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 Vother (specify					
(Last)	(F	irst)	(Middle)						_	_				belov		X	below)	вреспу 		
LEHIGH VALLEY HOSPITAL & HEALTH NETWORK						3. Date of Earliest Transaction (Month/Day/Year) 03/01/2007									Tr	ustee				
P.O. BOX 689					4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)					-								Lin	-,	filed by One	a Dono	ortina Dereo	,		
ALLENTOWN PA 18105													X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)																	
		Tab	le I - Nor	n-Deriv	/ative	e Se	curitie	s A	cquired,	Dis	osed	of, or Be	neficia	lly Owne	d					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,			Code (I	Transaction Disposed Of (D) (Instr. 3, 4 5)				Benefic Owned	es Fo ally (D Following (I)	Form (D) o	Ownership orm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	v	Amount (A) o		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)								
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Conversion or Exercise Price of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year)		Date,	4. Transa Code (1 8)		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price o Derivative Security (Instr. 5)		e s Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercisable		piration ate	Title	Amount or Number of Shares	1						
Option to purchase Shares of Beneficial Interest	\$36.53	03/01/2007			A		1,000		(1)	03	3/01/2017	Shares of Beneficial Interest	1,000	\$0	1,000)	D			

Explanation of Responses:

1. The option vests ratably on each of 3/1/2008, 3/1/2009, 3/1/2010 and 3/1/2011. The reporting person has also been granted Dividend Equivalent Rights on the same terms as the options, pursuant to which the reporting person will receive the accrued cash dividends upon exercise of the Dividend Equivalent Rights.

Charles F. Boyle, Attorney in

Fact

** Signature of Reporting Person

Date

03/02/2007

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.