FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPROVAL

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL								
OMB Number: 3235-02								
Estimated average burden								
hours per response:								

1. Name and Address of Reporting Person* BOYLE CHARLES F					U	2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH REALTY INCOME TRUST [UHT]									Check all a	hip of Reporting pplicable) rector ficer (give title		Olssuer Owner er (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 Officer (specify below) Vice President and CFO			
(Street) KING OI PRUSSIA	A PA		9406 Zip)		4. If										. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				Date	nth/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Disposed Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3,			nd Sec Ben Owr	mount of urities eficially led Following orted	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	Ownership
									Code	v	Amount		(A) or (D)	Price	Tran	saction(s) r. 3 and 4)		(Instr. 4)
Shares Of Beneficial Interest 06/12					2/2014						1,600	00 A		\$	20,859		D	
		Та	ble II - C								sed of, onvertib				y Owne	d		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price o Derivative Security (Instr. 5)		Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nun of	ount nber res				

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/ Alan B. Miller, Attorney-in-Fact for Mr. Boyle 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.