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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Ch	eck this box if no longer subject to
Se	ction 16. Form 4 or Form 5
obl	igations may continue. See
Inc	truction 1(h)

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* RAMAGANO CHERYL K						2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH REALTY INCOME TRUST [ UHT ]														
(Last) (First) (Middle)					111	INCOME IRUSI [ UHI ]									X	Officer (give title below)		0.0	Other (specify below)	
UNIVERSAL CORPORATE CENTER 367 SOUTH GULPH ROAD						3. Date of Earliest Transaction (Month/Day/Year) 06/12/2014										V	P, Treasure	er & Sec	cretary	
(Street) KING OF	CING OF PA 1940		19406		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv Line) X	Form	ual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person			
(City)	(St		Zip)	. D ii	4:	0-									: - 11	0				
		Tabi	e i - Nor	i-Deriva	ative	Se	curitie	S AC	quire	a, Di	sposed (	эт, о	r Ber	тетіс	ially	Owne	ea			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						ar)	Execution if any	Deemed ecution Date, ny onth/Day/Year)		Transaction Dispose Code (Instr. 5)		rities Acquired (A) d Of (D) (Instr. 3,			4 and Secu		cially I Following	Form: D (D) or In	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Cod	le V	Amount	:	(A) or (D)	(A) or (D) Price		Transa	action(s) 3 and 4)			(111511.4)			
Shares Of Beneficial Interest 06/12/							/2014		A <sup>(</sup>	1)	1,60	0	A		\$ <mark>0</mark>	20,543		D	)	
		Та									osed of, converti					wned				
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/Year	Date, 1	4. Transactio Code (Inst				6. Date Expira (Monti	tion D		And 7. Title and Amount of Securities Underlying Derivative Security (Instrant 4)		f g	Deri Sec (Ins		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct ( or Indir (I) (Insti	n: ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Code V		(A)	(D)	Date Exerci	sable	Expiration Date	Titl	or Nu of	ımber										

## **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 Ms. Ramagano

06/13/2014

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.