FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

ı	OMB APPRO	JVAL
l	OMB Number:	3235-0287
l	Estimated average burd	en
l	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

1. Name and Address of Reporting Person* RAMAGANO CHERYL K						2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH REALTY INCOME TRUST [UHT]									5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Own X Officer (give title Other (sp					ner
(Last) (First) (Middle) UNIVERSAL CORPORATE CENTER 367 SOUTH GULPH ROAD						3. Date of Earliest Transaction (Month/Day/Year) 03/01/2007									Α	below) VP,	Treasure	er & S	below) Secretary	
(Street) KING OF PRUSSIA PA 19406				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St		(Zip)		<u> </u>															
1. Title of Security (Instr. 3) 2. Train Date (Mont				2. Transa Date (Month/D	Day/Year) Execution Date, if any (Month/Day/Year)			ar) 3. Tr Cr 8)	ransacticode (Ins	on str.	4. Securi Dispose 5) Amount	(A) or (D)	ed (A) of tr. 3, 4	or and ce	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership Instr. 4)	
1. Title of Derivative Security (Instr. 3)	e of ative Conversion or Exercise Price of Derivative Security 8 3. Transaction Date Execution Date, if any (Month/Day/Year) 9 2. 3. Transaction Date Execution Date, if any (Month/Day/Year) 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		4. Fransac Code (I	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Dat Expira (Mont	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date Exercisable Date			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4) Amou or Numl of Title Shart		unt ber	3. Price of Derivative Security Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
Option to purchase Shares of Beneficial Interest	\$36.53	03/01/2007			A		4,000		((1)	03/0	01/2017	Shares of Beneficial Interest	4,00	00	\$0	4,000		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.

I, Cheryl K. Ramagano, do hereby designate Alan B. Miller, Charles F. Boyle and Bruce R. Gilbert to act as my lawful attorneys-in-fact to execute and have delivered on my behalf, with the Securities and Exchange Commission and the New York Stock Exchange, certain forms as they pertain to my reporting of holdings of Universal Health Realty Income Trust Common Stock.

Such necessary forms shall consist of Form 4, Statement of Changes in Beneficial Ownership and Form 5, Annual Statement of Changes in Beneficial Ownership.

I hereby ratify and confirm all that said attorney shall lawfully do or cause to be done by virtue hereof.

/s/ Cheryl K. Ramagano

Signed and dated on this 2nd day of December 2004.

The undersigned, Alan B. Miller, Charles F. Boyle and Bruce R. Gilbert hereby affirm that we are the persons named herein as attorneys-in-fact and that our original signatures are affixed hereto.

/s/ Alan B. Miller &nbs

/s/Charles F. Boyle

/s/ Bruce R. Gilbert

Signed and dated on this 2nd day of December, 2004.

COMMONWEALTH OF PENNSYLVANIA COUNTY OF MONTGOMERY

On this 2nd day of December, in the year 2004, before me, Celeste A. Stellabott, personally appeared Cheryl K. Ramagano, Alan B. Miller, Charles F. Boyle and Bruce R. Gilbert, personally known to me and have executed this document in my presence.

/s/ Celeste A. Stellabott (SEAL) Signature of Notary Public