FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL				
CIVID 7 II T TO WILE				
OMB Number:	3235-0287			
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	Estimated average burden			

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(ii) or the investment Company Act or 1940																	
Name and Address of Reporting Person*     CAIN DANIEL M					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				
( )	, , , , , , , , , , , , , , , , , , , ,			Date of Earliest Transaction (Month/Day/Year)							$\dashv$	Officer (give title below) X Other (specify below)  Trustee					
CAIN BROTHERS & COMPANY LLC 360 MADISON AVENUE, 5TH FLOOR					12/01/2004												
(Street) NEW YORK N	Y	10	017		4. If Amendment, Date of Original Filed (Mont				(Month/Day/Year)				Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
(City) (S	tate)	(Zi	p)														
			-	Table I -	Non-Der	ivative Se	curities Ac	quired, Dis	sposed of	f, or Benef	icially Ow	ned					
1. Title of Security (Instr. 3)			2. Transac Date (Month/Da	Execu	Execution Date,	3. Transaction 4. Securi Code (Instr. 8) 3, 4 and		rities Acquired (A) or Disposed Of (D 1 5)		' П	Amount of Securiti eneficially Owned F	Following Direct (		hip Form: or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr.		
			(Month/Da	(Mont	th/Day/Year)	Code V	Amount	(A) or (D) Price			Reported Transaction(s) (Instr. 3 and 4)		1Str. 4)	4) Ownership (in			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year) if any (Month/Day/Y	Execution Date,	4. Transac (Instr. 8)	tion Code	Securities Ac	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities L Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	Fe (C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
			Co	Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title		Amount or Number of Share	S	Reported Transaction (Instr. 4)	n(s)		
Option to purchase Shares of Beneficial Interest	\$34.07	12/01/2004		A		1,000		12/01/2005 <sup>(1)</sup>	12/01/2014		irchase Shares cial Interest	1,000	\$34.07	5,500		D	

Explanation of Responses:
1. 250 on each of 12/1/2005, 12/1/2006, 12/1/2007 and 12/1/2008. Optionee also granted Dividend Equivalent Rights on the same terms as the Option, pursuant to which the holder will receive the accrued cash dividends upon exercise of the Dividend Equivalent Rights.

Charles F. Boyle, Attorney-in-Fact 12/02/2004

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).

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\* 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.

POWER OF ATTORNEY

I, Daniel M. Cain, do hereby designate Alan B. Miller, Charles F. Boyle and Cheryl K. Ramagano to act as my lawful attorneys-in-fact to execute and have delivered or 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/ Daniel M. Cain

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

The undersigned, Alan B. Miller, Charles F. Boyle and Cheryl K. Ramagano hereby affirm that we are the persons named herein as attorneys-in-fact and that our original contents of the content of the contents of the contents

/s/ Alan B. Miller

/s/Charles F. Boyle

/s/ Cheryl K. Ramagano

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

(SEAL)

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF MONTGOMERY

On this 2nd day of December, in the year 2004, before me, Celeste A. Stellabott, personally appeared Daniel M. Cain, Alan B. Miller, Charles F. Boyle and Cheryl K. F

/s/ Celeste A. Stellabott

Signature of Notary Public