Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C	20549
vasilington,	D.C.	20049

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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* Domb Michael Allan					2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH REALTY INCOME TRUST [UHT]									ck all app	,	ng Pei	rson(s) to Is 10% O Other (wner		
(Last) 1845 WA SUITE 2	(Fir ALNUT STI 200	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/10/2020										belov			below)	specify	
(Street)	ELPHIA P		9103 Zip)		4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									Form	ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Disp	osed of	, or E	Benef	ficial	ly Own	ed				
Date			2. Transa Date (Month/Da	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Ad Disposed Of (D 5)								6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) or (D)		rice	Transa	ction(s) 3 and 4)			(5 4)	
Shares Of Beneficial Interest 09/10					2020			P		2,200	A	4	\$66	3,400			D			
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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative		vative irities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Str.	Price of erivative ecurity nstr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
					Code V		(A)	(D)	Date Exercisa	able	Expiration Date	Title	Numb of Share							

Explanation of Responses:

Michael Allan Domb

09/1<u>0/2020</u>

** Signature of Reporting Person

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.