FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

**OMB APPROVAL** 

	OMB Number:	3235-0287								
ı	Estimated average burden									
ı	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* FOWLER TIMOTHY J						2. Issuer Name <b>and</b> Ticker or Trading Symbol UNIVERSAL HEALTH REALTY INCOME TRUST [ UHT ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify				
(Last) (First) (Middle) 3525 PIEDMONT RD. N.E.					3. Date of Earliest Transaction (Month/Day/Year) 09/01/2005						$\dashv$	X Officer (give title Other (specify below)  Vice President					
BLDG. 7, SUITE 202						4. If Amendment, Date of Original Filed (Menth/Dec/Area)						6 Individual or Isint/Croup Filing (Cheek Applicable					
(Street) ATLANTA GA 30305			30305	4	4. If Amendment, Date of Original Filed (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					
(City) (State) (Zip)		(Zip)									Person						
		Tab	le I - Non-l	Derivati	ve Se	curitie	s Ac	cquired, D	isposed	of, or Be	neficia	lly Owne					
1. Title of Security (Instr. 3)  2. Transar Date (Month/Da					Execution Date,			Code (Ins	Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			Benefic	es For ally (D) Following (I)		orm: Direct ) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code V	Amoun	t (A) or (D)	Price	Transac (Instr. 3	tion(s)			111501.4)		
		7	Table II - De					uired, Dis s, options				/ Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ion Date E. (Month/Day/Year) if (M	3A. Deemed Execution Da if any (Month/Day/Y	Code	saction (Instr.	ı of l		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	e v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Option to Purchase Shares of Beneficial Interest	\$34.9	09/01/2005		A		2,000		(1)	09/01/2015	Shares of Beneficial Interest	2,000	\$34.9	9,500		D		

## **Explanation of Responses:**

1. 500 on each of 9/1/2006, 9/1/2007, 9/1/2008 and 9/1/2009. 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.

Timothy J. Fowler

09/0<u>6/2005</u>

\*\* 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.