FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
l	hours per response:	0.5								

	Check this box if no longer subject
\neg	to Section 16. Form 4 or Form 5
_	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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]								(Ch	eck all app Direc	olicable)	Ü	erson(s) to I 10% Ov Other (s	wner
(Last) UNIVEF	(Last) (First) (Middle) UNIVERSAL CORPORATE CENTER						3. Date of Earliest Transaction (Month/Day/Year) 06/07/2023								helov	below) SVP, Operatio		below)	·
367 SOUTH GULPH ROAD					4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) KING OF PRUSSIA PA 19406														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	l - Noi	n-Deriva	tive S	ecur	ities	Acq	uired,	Disp	osed of	f, or	Ben	eficia	lly Owr	ned			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execut ay/Year) if any		Deemed cution Date, ny nth/Day/Year)				ties Acquired (/ d Of (D) (Instr. 3			5. Amo Securi Benefi Owned Follow	cially 1	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		A) or D)	Price		rted saction(s) . 3 and 4)			
Shares O	2023			A		2,682(1	A \$0		0 38,945			D							
		Tab		Derivativ (e.g., pu												ed			
1. Title of Derivative Security (Instr. 3)	rative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) or Dispo of (D) (Instrand 5	vative rities nired r osed)	6. Date E Expiratio (Month/D	n Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		d 4)	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code V		(A)	(D)			Expiration Date	Title	or Nun of						

Explanation of Responses:

1. These restricted shares of beneficial interest were granted pursuant to the Amended and Restated 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 06/08/2023

** 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.