Edgar Filing: UNIVERSAL HEALTH REALTY INCOME TRUST - Form 4

Form 4	L HEALTH REAL	J .TY INCOME T	RUST							
May 17, 2016									PROVAL	
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287	
Check this if no long subject to Section 16 Form 4 or	er STATEMI 5.								Expires:January 31, 2005Estimated average burden hours per response0.5	
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940							0.0			
(Print or Type R	esponses)									
SUSSMAN ELLIOT J MD MBA Symbol UNIVE			r Name and Ticker or Trading RSAL HEALTH REALTY IE TRUST [UHT]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) HEALTH IN VILLAGES, LANDING	· · · · ·	(Month/D 05/17/2	-	ansaction			Director Officer (give t below)	itleX Othe below) Trustee	Owner er (specify	
	(Street)		4. If Amendment, Date 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 				
THE VILLA	GES, FL 32162						Person		porting	
(City)	(State) (Z	Cip) Tabl	e I - Non-D	erivative	Securi	ties Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transactio Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Shares Of Beneficial Interest	05/17/2016		Code V M	Amount 1,000	(D) A	Price \$ 55.71	(Instr. 3 and 4) 6,825	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	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 Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option To Purchase Shares Of Beneficial Interest	\$ 36.53	05/17/2016		М	1,000	<u>(1)</u>	03/01/2017	Shares Of Beneficial Interest	1,000

Reporting Owners

Reporting Owner Name / Address	Relationships					
F8	Director	10% Owner	Officer	Other		
SUSSMAN ELLIOT J MD MBA HEALTH IN THE VILLAGES 1020 LAKE SUMTER LANDING THE VILLAGES, FL 32162				Trustee		
Signatures						
/s/ Charles F. Boyle, Attorney-in-Fac Sussman	ct for Mr.		05/17	7/2016		

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).

The option vested 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(1) 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.