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FOWLER TIM	MOTHY J										
Form 4											
June 14, 2018											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								r	OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check this	box		vv asi	inigton, i	J.C. 203	42				January 31,	
if no longe	r STAT	EMENT O	F CHAN(ES IN B	ENEFI	CIAI	OW	NERSHIP OF	Expires:	2005	
subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OI SECURITIES								Estimated average			
Form 4 or									burden hours per response 0.5		
Form 5	Filed 1	pursuant to	Section 16	(a) of the	Securitie	es Ex	chang	e Act of 1934,	16300136	0.5	
obligations	⁸ Section	•					•	f 1935 or Sectio	n		
may contir See Instruc	iue.		of the Inv	•	. .						
1(b).					1 5						
(Print or Type Re	esponses)										
1. Name and Ad	dress of Peport	ing Person *	2.1		D' 1 77			5 Palationship of	f Paparting Par	son(s) to	
FOWLER TI		2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
I O WEEK II	Symbol UNIVERSAL HEALTH REALTY INCOME TRUST [UHT]				$\mathbf{T}\mathbf{V}$						
					11						
(Last)				. Date of Earliest Transaction				Director 10% Owner X Officer (give title Other (specify			
UNIVERSAI		DEVITA		(Month/Day/Year) 06/13/2018				below) below)			
INCOME TR			00/15/20	18				V	ice President		
EXCHANGE											
Literinitor		112 170	4 TC A	1 (D (0.1.1				·	(61 1	
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
	Filed(Mont	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
NORCROSS	GA 30092							Form filed by M			
ronenoss	, 01120072							Person			
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecurit	ies Acc	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction	Date 2A. De	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Y	Year) Execut	on Date, if TransactionAcquired (A) or					Securities	Form: Direct		
(Instr. 3)		any (Month	CodeDisposed of (D)//Day/Year)(Instr. 8)(Instr. 3, 4 and 5)			Beneficially		Beneficial			
		(Month				5)	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
								Reported	(mour. r)	(11501.1)	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Shares Of											
Beneficial	06/13/2018			А	1,200 (1)	А	\$0	20,608	D		
Interest					<u>(1)</u>						

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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
1 0	Director	10% Owner	Officer	Other		
FOWLER TIMOTHY J UNIVERSAL HEALTH REALTY INCOME TRUST 3295 RIVER EXCHANGE DRIVE, SUITE 190 NORCROSS, GA 30092			Vice President			
Signatures						
/s/ Charles F. Boyle, Attorney-in-Fact for Mr. Fowler	06/14/2	2018				
**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).
- (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.

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.