#### Edgar Filing: UNIVERSAL HEALTH REALTY INCOME TRUST - Form 4

#### UNIVERSAL HEALTH REALTY INCOME TRUST

Form 4 June 02, 2014

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

burden hours per

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

**OMB APPROVAL** 

Form 4 or Form 5 obligations may continue.

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

response... 0.5

See Instruction 1(b).

Interest

(Print or Type Responses)

1. Name and Ad BERGER M	2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH REALTY INCOME TRUST [UHT]						5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)					
SERVICES,	(Last) (First) (Middle) 3. Date of (Month/D) CRGER MANAGEMENT 05/30/20 RVICES, LLC, 737 N. CHIGAN AVE., SUITE 1570					nsaction			Director 10% Owner Officer (give titleX Other (specify below)  Trustee			
									6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
cincrido,	IL 00011								Person			
(City)	(State)	(Zip)	Table	I - Noi	n-De	erivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficiall	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	nsaction Date 2A. Deemed n/Day/Year) Execution E any (Month/Day		3. Transactio Code (Instr. 8)		4. Securi on(A) or Di (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	ecurities Ownership Indirect eneficially Form: Direct Benef (D) or Ownership Indirect (I) (Instr. eported (Instr. 4)		
Shares Of Beneficial Interest	05/30/2014			Code M	V	Amount 1,000	(D)	Price \$ 34.07	8,125	D		
Shares Of Beneficial	05/30/2014			F		787	D	\$ 43.31	7,338	D		

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form (9-02)

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displays a currently valid OMB control number.

# 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 op f 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	\$ 34.07	05/30/2014		M	1,000	<u>(1)</u>	12/01/2014	Shares Of Beneficial Interest	1,000

# **Reporting Owners**

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

BERGER MILES L BERGER MANAGEMENT SERVICES, LLC 737 N. MICHIGAN AVE., SUITE 1570 CHICAGO, IL 60611

Trustee

### **Signatures**

/s/ Charles F. Boyle, Attorney-in-Fact for Mr. Berger

06/02/2014

\*\*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 12/1/2005, 12/1/2006, 12/1/2007 and 12/1/2008. Optionee also granted Dividend Equivalent Rights

(1) 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.

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.

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