Edgar Filing: BERGER MILES L - Form 4

BERGER MI	LES L										
Form 4											
October 29, 2											
FORM	4 INITED	STATE	SECUD	ITIES AT			NCEC	OMMISSION		PROVAL	
	UNITED	SIALE		hington,			NGE U	OMMISSION	OMB Number:	3235-0287	
Check this	s box		vv as	inington,	D.C. 20.	J - J				January 31,	
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Expires:	2005				
Subject to Section 16							Estimated average				
Form 4 or							burden hours per response 0.5				
Form 5	Filed pu	rsuant to	Section 16	(a) of the	e Securiti	ies Ez	xchange	e Act of 1934,			
obligation may contin		(a) of the	Public Uti	ility Hold	ing Com	pany	Act of	1935 or Section	1		
See Instruc		30(h)	of the Inv	estment	Compan	y Act	t of 194	0			
1(b).											
(D	,										
(Print or Type R	esponses)										
					Reporting Pers	on(s) to					
DEDCED MILEGI				2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
	•	Symbol UNIVERSAL HEALTH REALTY				(Check all applicable)					
	INCOME TRUST [UHT]				211						
(Last)	(First)	(Middle)		Earliest Tra				Director	10%	Owner	
(Liusi)	(1130)	(11111111)	(Month/Da		liisaetion			Officer (give t	title Othe		
BERGER MANAGEMENT			10/28/2009					below)	below) Trustee		
SERVICES,	LLC, 737 N.								IIustee		
MICHIGAN	AVE., SUITE	1570									
	(Street)		4. If Amer	dment, Dat	e Original			6. Individual or Jo	int/Group Filin	g(Check	
			Filed(Mont	Filed(Month/Day/Year)				Applicable Line)			
								X Form filed by O			
CHICAGO, I	IL 60611							Form filed by M Person		portung	
(City)	(State)	(Zip)	Table	I - Non-D	erivative S	Securi	ties Aca	uired, Disposed of	or Beneficial	v Owned	
1 Title of	2. Transaction Da	ta 24 Da					_			-	
1.Title of Security	2. Transaction Da (Month/Day/Year			3. Transactio	4. Securi on(A) or Di			5. Amount of Securities	6. Ownership	7. Nature of Indirect	
(Instr. 3)		Code (Instr. 3, 4 and 5)							rm: Direct Beneficial		
		(Month	/Day/Year) (Instr. 8)			Owned	Ownership				
								Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)	(insur i)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Shares Of					unit	(2)	Ф.				
Beneficial	10/28/2009			М	1,000	А	\$ 14.75	4,975	D		
Interest							14.75				

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. Transacti Code (Instr. 8)	5. Number onof 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	\$ 14.75	10/28/2009		М	1,000	<u>(1)</u>	03/10/2010	Shares Of Beneficial Interest	

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		10/29/2009	9			
**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 3/10/2001, 3/10/2002, 3/10/2003 and 3/10/2004. The reporting person has also been granted
 Dividend 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.