FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

	Check this box if no longer subject
	to Section 16. Form 4 or Form 5
\Box	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

Name and Address of Reporting Person* Peterson Karla J					2. Issuer Name and Ticker or Trading Symbol UNIVERSAL HEALTH REALTY INCOME TRUST [UHT]								(Che	ck all app Direc	ationship of Reportir k all applicable) Director Officer (give title below) Vice Pr		erson(s) to Is 10% Ov Other (s	Owner	
(Last) (First) (Middle) UNIVERSAL HEALTH REALTY INCOME					3. Date of Earliest Transaction (Month/Day/Year) 06/07/2023								- >				below)		
TRUST 367 SOUTH GULPH ROAD				4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
(Street)													Form filed by More than One Reporting Person						
KING OF PRUSSIA PA 19406					Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip)						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.										ended to			
		Table	l - Noı	n-Derivat	ive Se	ecur	ities	Acq	uired, I	Disp	osed of	, or I	Bene	eficia	lly Owr	ned			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				Execution Date,		ecution Date, ny		Transaction Disposed Code (Instr. and 5)		ties Acquired (/ I Of (D) (Instr. 3			5. Amo Securi Benefi Owned Follow	ties cially I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A (D	a) or))	Price		rted action(s) 3 and 4)					
Shares Of Beneficial Interest 06/07/2						2023			A		1,180(1) .	A \$0		0 2,302		D		
	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)	ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			tion Date,	4. Transaction Code (Instr. 8)		Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		D S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (or Indir (I) (Insti	Ownership	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber					

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. Peterson 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.