FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* ORR L GLENN JR				<u>M</u>	2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC MPW]											all app			wner		
(Last) (First) (Middle) MEDICAL PROPERTIES TRUST, INC. 1000 URBAN CENTER DRIVE SUITE 501					3. Date of Earliest Transaction (Month/Day/Year) 06/12/2007											belov	er (give title w)		below)		
(Street) BIRMIN	GHAM AI	. 3	85242		4. If	Ame	endme	nt, Date	of (Original	Filed	(Month/Da	ay/Ye	ear)		6. Indiv Line) X	Form	r Joint/Group n filed by One n filed by Mor on	e Repo	orting Pers	on
(City)	(St		Zip)		<u> </u>	_										<u> </u>					
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transr Date (Month/L			action	ction 2A. Deemed Execution Date,			3. Transa Code (1 8)	ction	4. Securities Acquired (A)				or	5. Amo Securi Benefi Owned	5. Amount of Securities Beneficially Dwned Following Reported		nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Code	v	Amount		(A) or (D)	Pri	ice	Transa	action(s) 3 and 4)			(,
Common	stock, par v	ralue \$.001		06/12	2/2007	7				P		350		A	\$	13.03	1	.9,350		D	
Common	stock, par v	alue \$.001		06/12	2/2007	7				P		150		Α	\$	13.03	1	.9,350		I	By wife
Common stock, par value \$.001			06/12/2007		7			P		200		A	\$	13.03	19,350			I	By L. Glenn Orr, Jr. Trust		
Common	stock, par v	ralue \$.001		06/12	2/2007	7				P		350		A	\$	13.01	1	9,350		I	By daughter
		Та	ıble II - I									sed of, onvertib					wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code (8)		of De Se Ac (A) Dis of (In	posed (D) str. 3, 4 i 5)	E (N	Date Expiration Month/D	n Date ay/Yea		An Se Un De Se	O N O	moun r umbe	Deri Sec (Ins	rice of varive urity ir. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Or Fo Di or (I)	o. wnership orm: irect (D) r Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

Philip Summerlin, by power of attorney

06/14/2007

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).