

**FORM 5**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL	
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**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

- Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
- Form 3 Holdings Reported.
- Form 4 Transactions Reported.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Clarke Virginia A</u>  (Last) (First) (Middle) <u>1000 URBAN CENTER DRIVE</u> <u>SUITE 501</u>  (Street) <u>BIRMINGHAM AL 35242</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>MEDICAL PROPERTIES TRUST INC [ MPW ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner  Officer (give title below) Other (specify below)
	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) <u>12/31/2008</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Amount	(A) or (D)	Price			

**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. Transaction Code (Instr. 8)	5. Number of 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 Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					(A)	(D)	Date Exercisable	Expiration Date						Title
Deferred Stock Units <sup>(1)</sup>	\$12.08	03/13/2008		J <sup>(2)</sup>	252		05/18/2009	(3)	Common Stock, par value \$.001	252	\$12.08	12,473	D	
Deferred Stock Units <sup>(1)</sup>	\$12.12	06/13/2008		J <sup>(2)</sup>	257		05/18/2009	(3)	Common Stock, par value \$.001	257	\$12.12	12,473	D	
Deferred Stock Units <sup>(1)</sup>	\$11.08	09/18/2008		J <sup>(2)</sup>	288		05/18/2009	(3)	Common Stock, par value \$.001	288	\$11.08	12,473	D	
Deferred Stock Units <sup>(1)</sup>	\$6.26	12/23/2008		J <sup>(2)</sup>	386		05/18/2009	(3)	Common Stock, par value \$.001	386	\$6.26	12,473	D	

**Explanation of Responses:**

- Represents the rights to receive common stock by May, 2009.
- The transaction represents additional deferred stock units in lieu of cash dividends on vested deferred stock units as required by the Second Amended and Restated Medical Properties Trust 2004 Equity Incentive Plan.
- The deferred stock units will not expire.

Philip Summerlin, by power of attorney 02/12/2009

\*\* 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.