FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
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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

								. ,														
1. Name and Address of Reporting Person* McLean Emmett E						2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
MCLean Emmeu E					ME	MPW]										Direc	tor		10% C)wner		
(Loch) (Eigh) (Middle)															·	X Office below		er (give title v)		Other (specify below)		
(Last) (First) (Middle)						3. D	Date of Earliest Transaction (Month/Day/Year)										Exec	utive Vice	nt & C	00		
1000 URBAN CENTER DRIVE					12/	12/04/2018																
SUITE 501																						
001111 001					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Ctroot)						" "	4. II / incliditions, bate of original Filed (Month Bay) Teal)									Line)						
(Street)	CITANA			E0.40													X Form filed by One Reporting Person					
BIRMIN	GHAM	AL	3	5242												Form filed by More than One Reporting						
																	Person					
(City)		(Stat	e) (2	Zip)																		
			Tahl	e I - Nor	n-Deriv	ative	Se	curitie	e Arc	nuired	Die	posed o	f or	Ren	efici:	ally (Owne	-d				
				C 1 - 1401	-DCIIV	ative		curitie	,3 AU	-	D 13	poscu o	,, 01	Den	CHOI	uny ·	OVVIIC	<i>.</i> u				
1. Title of S	Security (II	nstr.	3)		2. Transa Date	action					3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4						5. Amo Securi		6. Owne		7. Nature of Indirect	
					Date (Month/E	Day/Yea	Execution Date, ay/Year) if any			Code (Instr. 5)) (IIISU.	(Instr. 3, 4 an		Benefi			Form: Direct (D) or Indirect	Beneficial		
					`			(Month/Day/Year								Owne		l Following		(I) (Instr. 4)	Ownership	
											Ī.,		(A) or		D		Reported Transaction(s)				(Instr. 4)	
											V	Amount	(D)		Price	•	(Instr. 3 and 4)					
Common stock, par value \$0.001 12/04/2					1/2018	/2018			S		50,000	0 D S		\$17	7.4 913,9		13,965	Г)			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
(e.g., puts, calls, warrants, options, convertible securities)																						
1. Title of	2.	7	3. Transaction	3A. Deem	ed	4.		5 NI	mber	6. Date E	vercis	ahle and	7 Tit	le and		8 Pr	ice of	9. Number o	of 10.		11. Nature	
Derivative	Conversion	on l	Date (Month/Day/Year)	Execution		Transaction Code (Insti		n of	of		n Dat	е	Amount of			Deriv	ative/	derivative	Ownership		of Indirect	
Security (Instr. 3)	or Exercis	se (if any	/Voor\					(Month/D	ar)	Securities			Security (Instr. 5)		Securities Beneficially		Form: Direct (D)	Beneficial Ownership		
(instr. 3)	nstr. 3) Price of (Month/Day/			ay/Year) 8)				Securities Acquired					Underlying Derivative			1. 5)	Owned		or Indirect	(Instr. 4)		
	Security							(A) or		Secu			Security (Instr. 3		;		Following	(1) (1	(I) (Instr. 4)	` ′		
								Disposed of (D) (Instr. 3, 4						and 4)				Reported Transaction	(s)			
																		(Instr. 4)	(3)			
								and 5)														
															ount							
											or	mber										
												Expiration	L	of								
					Code	ode V (A) (D) Exercisable Date Title						Sha	ares									

Explanation of Responses:

Emily R. Sawyer, by power of attorney

12/06/2018

** 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.