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 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* I A A CALED D. CERENANN I A CALED D. CERENANN					2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
HAMNER R STEVEN						MPW]									X Director		tor	10%	Owner
(Last)	(Fi	rst) (Middle)]									X	Office	er (give title v)	Othe belo	r (specify w)
1000 URBAN CENTER DRIVE SUITE 501				02/	3. Date of Earliest Transaction (Month/Day/Year) 02/17/2010									EVP & CFO					
(Street)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
BIRMIN	GHAM AI	<u>.</u> 3	35242												X		,	e Reporting Pe	
															Form filed by More than One Reporting Person				
(City)	(St	ate) (Zip)																
		Tabl	e I - Non	-Deriv	ative	Sec	curitie	s Ac	quire	d, Dis	sposed (of, or	Ben	eficia	ally (Owne	ed		
1. Title of Security (Instr. 3) 2. Trans Date (Month/				Execution Day/Year) if any		A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Disposed Code (Instr. 8)				4 and Secu		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										e V	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			(11150.4)
Common Stock, par value \$.001				02/17	17/2010				G		5,00	0) D)	583,509		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	ution Date, y y th/Day/Year)		ransaction Jode (Instr.)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiratio Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Title Shares		Deriv	Price of ivative surity security setr. 5) 9. Numbe derivative securitie Beneficia Owned Following Reported Transacti (Instr. 4)		Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)

Explanation of Responses:

Michael G. Stewart, by power of attorney

02/19/2010

** 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.