## FORM 5

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	205/10
wasiiiigton,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

**OWNERSHIP** 

wasnington,	D.C.	20549	

OMB APPROVAL									
OMB Number:	3235-0362								
1									

1.0

OMB Number: 323	35
Estimated average burden	
hours per response:	

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Form 3 Holdings Reported.									1.0							
Form 4	Transactions R	eported.	File	ed pursuant to or Sectior					ities Exchar ompany Act							
Name and Address of Reporting Person*     McLean Emmett E				2. Issuer Name and Ticker or Trading Symbol  MEDICAL PROPERTIES TRUST INC  MPW ]						5. Relationship of Reportir (Check all applicable) Director			ng Person(s) to Issuer  10% Owner  Other (specify			
(Last) 1000 URI SUITE 50		st) (M ER DRIVE	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2019						Year)	bei	Executive Vice President & COO			′	
(Street) BIRMING (City)	GHAM AL		5242 Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person												
		Table	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	d, Di	sposed o	of, or	Benefici	ally Owr	ned			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)				ansaction ode (Instr. 3, 4 and 9)				Secur Benef		s Own		7. Nature of Indirect Beneficial Ownership				
						(A) or (D)	Price	Issuer			ect (I)					
Common	stock, par v	alue \$0.001	09/24/2019		G		ř	12	,750	D \$0		1,2	285,241	35,241		
	Common stock, par value \$0.001															
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. Nu of Deriv Secul Acqu (A) oi Dispo of (D) (Instr and 5	ative rities ired osed	Expiration Date (Month/Day/Year)  Date Expi		ionth/Day/Year)		Amount or Number of Shares	8. Price o Derivative Security (Instr. 5)		e s Illy	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)

Explanation of Responses:

W. Zachary Riddle, by power of attorney

02/11/2020

\*\* 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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).