FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL **GES IN BENEFICIAL OWNERSHIP**

OMB Number: Estimated average burden hours per response: 0.5

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*  DAWSON G STEVEN  (Lock) (First) (Middle)							MEDICAL PROPERTIES TRUST INC [ MPW ]									ionship of Reporting all applicable) Director Officer (give title below)		g Person(s) to Iss 10% Ov Other (: below)		wner (specify
(Last) (First) (Middle) CIRA CENTRE						3. Date of Earliest Transaction (Month/Day/Year) 03/19/2015										DCIO	•,		belowy	
2929 ARCH STREET, 17TH FLOOR  (Street) PHILADELPHIA PA 19104-2870					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City) (State) (Zip)																				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						ar)   i	Execution if any	a. Deemed recution Date, any onth/Day/Year)				ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Secu Bene		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount		(A) or (D)	Price	. [	Transaction(s) (Instr. 3 and 4)				(
Common Stock, par value \$.001 03/19/						5					6,8550	(1)	A	\$0		70,641		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)	3A. Deeme Execution if any (Month/Da	Date,	4. Transactio Code (Inst 8)				6. Date E: Expiratio (Month/D	•	d 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe		ount	8. Pri Deriv Secui (Instr	ative (ity 5) [1]	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	l,	(A)		Date Exercisal		Expiration Date	Title	of Sha	res						

## **Explanation of Responses:**

1. Shares vest ratably at the beginning of each of the 12 calendar quarters beginning April 1, 2015 and ending January 1, 2018.

Alison G. Schmidt, by power of attorney

03/20/2015

\*\* 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.