FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	UMB APPR
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:
	Estimated average hur

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

l	OMB APPROVAL								
l	3235-0287								
	Estimated average burden								
l	hours per response:	0.5							

1. Name an Clarke		2. Issuer Name and Ticker or Trading Symbol  MEDICAL PROPERTIES TRUST INC  MPW ]										Check all	ationship of Report k all applicable) Director Officer (give title below)		10% (	Owner (specify				
(Last) (First) (Middle)  1000 URBAN CENTER DRIVE  SUITE 501						3. Date of Earliest Transaction (Month/Day/Year) 01/02/2009									L	eiow)		below	)	
(Street) BIRMINGHAM AL 35242 (City) (State) (Zip)					_ 4. If	Line									ine) X F	,				
		Tab	le I - No	n-Deriv	/ative	Se	curitie	s Ac	quired,	Dis	posed o	of, or	Ben	efici	ally Ov	vned				
					Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,			nd Se Be Ov	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D) Price		. ∣Tra	ansaction(s str. 3 and 4	i)		, ,,	
Common	Stock, par	value \$.001		01/02	2/2009				A		11,628	(1)	A	\$	0	38,628		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)	Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any					nsaction de (Instr.  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)				or	ount	8. Price Derivati Securit (Instr. 5	ve deriva / Securi / Benefi Owner Follow Repor Transa	D. Number of lerivative securities Seneficially Dwned Following Reported Transaction(s Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	of	nber ires						

## **Explanation of Responses:**

1. Represents an award of restricted common stock under the Second Amended and Restated Medical Properties Trust, Inc. 2004 Equity Incentive Plan, which vests in twelve equal amounts of 969 on the second day of each calendar quarter beginning April 9, 2009.

> Philip Summerlin, by power of attorney \*\* Signature of Reporting Person

01/06/2009

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.