FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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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(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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* Portal Larry H					2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC [MPW]								(Che	eck all app Direc	licable)		rson(s) to Is 10% O Other (s	vner	
(Last) 1000 UF	(Fir	st) (I FER DRIVE	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/12/2023									7	below	<i>I</i>)		below)` r to the CI	EO
SUITE 5	SUITE 501					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) BIRMIN	NGHAM AI	. 3	35242)		filed by Mo		orting Pers	
(City)	(Sta	ate) (2	Zip)		Rule 10b5-1(c) Transaction Indication														
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										nded to				
		Table	l - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Exec y/Year) if any		Deemed cution Date, y nth/Day/Year)				es Acquired (A) Of (D) (Instr. 3, 4			Securit Benefic	Amount of ecurities eneficially		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A) or (D) F		Price	Transaction(s) (Instr. 3 and 4)				(111501. 4)			
Common stock, par value \$0.001 09/12/2						2023			A		52,303 ⁽¹	1) A S		\$0	203,420			D	
Common stock, par value \$0.001 09/12/2					2023				A		26,151 ⁽²) ,	A	\$0	22	229,571		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)	Date or Exercise instr. 3) Date (Month/Day/Year) Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)		4. Transa Code (8)	(Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		S (I	price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

Explanation of Responses:

- 1. Shares vest at the beginning of each calendar quarter ending March 31, 2026.
- 2. Shares will be earned based on the achievement of specific performance thresholds pertaining to the Company's EBITDA and strategic transactions, as defined and set by our compensation committee, over the period from January 1, 2023 through December 31, 2025, with the opportunity to earn up to one third of the award for 2023 performance against the specified measures. The actual number of shares to be issued may vary depending upon the achievement of these specific performance thresholds.

W. Zachary Riddle, by power of attorney

09/13/2023

** 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.