## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Form 3 Holdings Reported.

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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										Wa	as	hi	ng	jto	n,	D	C.	2	054

Vashington.	D.C.	20549

## **ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

OMB APPROVAL									
OMB Number: 3235-036									
Estimated average burden									
hours per response	e: 1.0								

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

U Forma	Transactions	or Section 30(h) of the Investment Company Act of 1940																	
1. Name ar Aldag	2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC [ MPW ]								Relationship of Reporting Per (Check all applicable)     X Director				erson(s) to Issuer						
(Last) (First) (Middle)														Officer (give title below)			Other (specify below)		
1000 URBAN CENTER DRIVE SUITE 501				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020								'ear)	Chairman, President & CEO						
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
l ` ′	GHAM AI	3	5242										X Form filed by One Reporting Person						
													Forr Pers	n filed by N on	fore that	an One F	Reporting	3	
(City)	(Sta	ate) (Ž	Zip)																
		Table	I - Non-Deriva	tive Secui	rities	s Acc	quire	d, Dis	posed	of, c	or B	enefici	ally Owi	ned					
Da			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disp Of (D) (Instr. 3, 4 and 5)				r Dispose	Securit Benefic	es Own		rship Direct	Indirect Benefici		
								Amount		(A) oi (D)	or Price		Issuer's			ct (I)	(Instr. 4)		
Common	stock, par v	alue \$0.001	07/14/2020			G		91,730		D		<b>\$0</b>	3,96	3,961,167		D			
		ve Securit its, calls, v										ed							
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Yea			3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Dat (Month/Day/Ye				7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		e s ally g	10. Owners Form: Direct (I or Indire (I) (Instr	hip of I Ber O) Ow ect (Ins	Nature Indirect neficial vnership str. 4)	
				(A)	(D)	Date Exer	cisable	Expiration Date			Amount or Number of Shares								

**Explanation of Responses:** 

Emily R. Sawyer, by power of 02/12/2021 attorney

\*\* Signature of Reporting Person 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.