FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	burden								
hours por rosponso	O.E								

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

1. Name and Address of Reporting Person* McLean Emmett E						\mathbf{N}	2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC [MPW]									ck all applica Director Officer (able)			wner	
(Last) 1000 UR SUITE 5	BAN CEN	First) VTER DRI	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 02/07/2020									below) below) Executive Vice President & COO				00	
(Street) BIRMIN	GHAM A	AL		35242		_	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Indiv Line) X									ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)		(Zip)																	
			Tal	ble I - No	_		_			1	Dis					_		1			
Date					nsaction n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			A) or B, 4 and 5]	Beneficia Owned Fo	s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common stock, par value \$0.001 02/0						07/202	/2020		С		47,733(1)		Α	\$ <mark>0</mark>	1,051,148		D				
Common stock, par value \$0.001 02/07					07/202	20			A		71,603(2)		A	\$ <mark>0</mark>	1,122	22,751		D			
Common stock, par value \$0.001 02/0				07/202	20			A		175,240	(3)	A	\$ <mark>0</mark>	1,297	97,991		D				
				Table II -				curities A Is, warra								Owned					
	2. Conversion or Exercise Price of Derivative Security	Date	Transaction te onth/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date,	4. Transa Code (8)				6. Date Exerci Expiration Dat (Month/Day/Ye		te	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported	e O s Fe ally D or	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	(A)	(D)			Expiration Date	or Nu of		Number		Transaction(s				
Restricted common stock units	\$0	02/07/20	:020			С		47,733 ⁽¹⁾		(4)		(4)	sto par v	nmon ock, value .001	47,733	\$0	50,315		D		

Explanation of Responses:

- 1. Represents shares earned under the 2018 performance award equal to approximately one third of the target number of shares granted.
- 2. Represents additional shares earned under the 2018 performance award based on the Company's actual performance as compared to the performance hurdles defined in the award agreement along with shares earned pursuant to the modifier provisions in the award, which allowed for more shares to be earned based on how the Company's relative total return to shareholders compared to the SNL Healthcare REIT Index.
- 3. Represents shares earned under the 2019 performance award based on the Company's actual performance as compared to the performance hurdles defined in the award agreement along with shares earned pursuant to the modifier provisions in the award, which allowed for more shares to be earned based on how the Company's relative total return to shareholders compared to the SNL Healthcare REIT Index. The shares vested on January 1, 2020.
- 4. The shares vested on January 1, 2020

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.

- * 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.