FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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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(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 ar	ME	2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC [MPW]										tionship of Reporting all applicable) Director Officer (give title		ng Pe	10% C								
(Last) (First) (Middle) 1000 URBAN CENTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 03/15/2006										below)			below)				
SUITE 50	SUITE 501							4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X Form filed by One Reporting Person					son			
BIRMINGHAM AL 35242																Form filed by More than One Reporting Person							
(City)	(St	ate) (Z	Zip)																				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																							
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. and 5)						3, 4 Secui Bene Owne		icially d	Forn (D) c Indii	wnership n: Direct or rect (I) tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount		(A) or (D)	Price		Repor Trans	Following Reported Fransaction(s) Instr. 3 and 4)		,	(111501. 4)			
Common Stock, par value \$.001 03/15/2					2006				S		1,000)	D	\$10.2		17,500			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)	rative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any		tion Date,	Code (Ir	ransaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired r osed . 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amount or Numb of Shares		ount			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		IO. Ownership Form: Direct (D) or Indirect I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

Explanation of Responses:

Phil Summerlin by power of attorney 03

03/17/2006

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).