FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Aldag Edward K JR						2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC MPW										Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 1000 URBAN CENTER DRIVE SUITE 501						3. Date of Earliest Transaction (Month/Day/Year) 11/28/2018										X Officer (give title below) Other (specify below) Chairman, President & CEO					
(Street) BIRMINGHAM AL 35242 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tabl	e I - Noi	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or	Ben	eficia	ally C	wne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Exec ay/Year) if any		A. Deemed xecution Date, any Month/Day/Year)		Transaction Dispos		rities Acquired (A) ed Of (D) (Instr. 3, 4			4 and Secu Bene		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect		
						Code	v	Amount	(A (D) or)	Price	- 1	Transaction(s) (Instr. 3 and 4)			(,					
Common stock, par value \$0.001 11/28/2						2018			S		43,065	5	D \$16		.78	1,8	73,541	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)	tive Conversion Date Execution or Exercise (Month/Day/Year) if any			n Date, Transactio Code (Inst					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			nt		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership tt (Instr. 4)		
				Code		v	(A)	(D)	Date Exercisa		Expiration Date	Title		nber res							

Explanation of Responses:

Emily R. Sawyer, by power of attorney

11/29/2018

** 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.