FORM 4

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

Washington, D.C. 20549

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OMB APP	ROVAL
OMB Number:	3235-0287
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

## 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(c). See Instru	uction 10	).																			
1. Name and Address of Reporting Person* HAMNER R STEVEN			2. Issuer Name <b>and</b> Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC						(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)											
HAWINER RESTEVEN			MPV	MPW ]							✓ Director				10% O						
(Last)	(Firs	it) (I	Middle)											_		Officer below)	(give title		Other (s	specify	
1000 URBAN	CENT	ER DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 01/06/2025								Executive Vice President & CFO								
SUITE 501			01/00/2023																		
,						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BIRMINGHA	M AT	2	35242													orm fi	iled by One	e Repo	orting Pers	on	
	IVI AL		13242														iled by Moi	re than	One Repo	orting	
(City)	(Sta	te) (Z	Zip)												F	Person	1				
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Bene	eficia	ally O	wne	d				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			Execution Date,		3. Transaction Code (Instr. 8)  4. Securities of Disposed Of (5)		es Acquired (A) Of (D) (Instr. 3, 4		(A) or 3, 4 an	and Securi Benefi Owned		es ally Following	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership						
									Code	v	Amount	(A) (D)	) or )	Price	Tr	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common stock, par value \$0.001 01/06			01/06/2	2025			F		16,386(1)	) ]	D	\$3.8	3.86 2,6		664,942		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)  1. Title of Conversion or Exercise Price of Derivative Security  Security  1. Title of Conversion Date (Month/Day/Year)  1. Title of Exercise Price of Date (Month/Day/Year)  1. Title of Exercise Price of Date (Month/Day/Year)  1. Title of Exercise Price of		ion Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) oi Dispo of (D) (Instr	rities lired r osed )	Expiration Da		te	7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		g nstr.			9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y   G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
			Code	v	(A)	(D)	Date Exercis	or Number													

1. Represents shares withheld upon vesting of restricted stock to satisfy tax withholding obligations. This does not constitute a sale transaction.

W. Zachary Riddle, by power of attorney

01/06/2025

\*\* Signature of Reporting Person

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.