FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF	CHANGES IN	BENEFICIAL	OWNERSHIP

OMB APPR	OVAL					
OMB Number:	3235-0287					
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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* KELLETT SHERRY A					2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC MPW]											all app Dired	olicable)	g Person(s) to Is 10% (Other			
	Last) (First) (Middle) .000 URBAN CENTER DRIVE GUITE 501					3. Date of Earliest Transaction (Month/Day/Year) 11/28/2007										belo			elow)		
(Street) BIRMIN (City)	GHAM AI		35242 Zip)		4. If	Ame	endment,	Date o	f Original	Filed	I (Month/Da	ay/Ye	ar)		. Indivine)	Forn	r Joint/Group n filed by One n filed by Mor on	e Reporting	Pers	on	
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	of, o	r Ben	efici	ally	Owne	ed				
Date					Date Exe (Month/Day/Year) if ar		Execution if any	A. Deemed xecution Date, any Month/Day/Year)		Code (Instr.								6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				, ,	
Common stock, par value \$.001				11/28	28/2007				P		1,300) A		\$11	.27 9,81		9,810	D			
		Та									sed of, onvertib				y Ov	vned					
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any					ransaction of ode (Instr. Derivativ		ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	ount mber ares							

Explanation of Responses:

Philip Summerlin, by power of <u>attorney</u>

11/29/2007

** 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.