FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. 20549 |
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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

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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* HAMNER R STEVEN | | | | | <u>ME</u> | 2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC [MPW] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issu (Check all applicable) X Director 10% Own | | | | |
|--|---|-------|---------|---|--|---|--|--|---------------------|-------|---|------------------------|-----------------------|--|---|--------------------------------|--|--|----------|
| (Last) | /Eir | et) (| Middle) | | IVII | '' J | | | | | | | | X | Office | er (give title v) | | Other (:below) | specify |
| (Last) (First) (Middle) 1000 URBAN CENTER DRIVE SUITE 501 | | | | | 07/0 | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2022 | | | | | | | | Executive Vice President & CFO | | | | | |
| (Street) BIRMINGHAM AL 35242 | | | | 4. If <i>I</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | Perso | on | | | |
| | | Table | l - No | n-Deriva | tive S | Secu | rities | Acq | uired | , Dis | posed of | , or E | Benef | icially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5) | | | | | 4 and Securi Benefi | | ties cially I Following | 6. Own Form: I (D) or II (I) (Inst | Direct ndirect r. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | (A) (D) | or Pr | ice | Transa | iction(s) 3 and 4) | | | (mau. 4) |
| Common stock, par value \$0.001 07/01/20 | | | | | .022 | | | | F | | 10,272(1) | Г | \$ | 15.46 | 1,950,942 | | 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) | ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | tr. | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y Ov Fo Dii or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) (D) | | Date Exercisable | | Expiration Date | of Share | | | | | | | |

Explanation of Responses:

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

Emily R. Sawyer, by power of 07/05/2022 attorney

** 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.