FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 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

| Name and Address of Reporting Person* DAWSON G STEVEN | | | | | MEDICAL PROPERTIES TRUST INC [MPW] | | | | | | | | | | | tionship of Reporting all applicable) Director Officer (give title below) | | 10% C | | Owner (specify | |
|---|---|--|--|---------|---|------|--|--|-------------------|--|---------------------|--|---|----------------------|----------------------|---|---|---|--|-------------------|--|
| (Last) (First) (Middle) 1291 GALLERIA DRIVE 2ND FLOOR | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/08/2011 | | | | | | | | | | | pelov | v) | | below) | | |
| (Street) HENDERSON NV 89014 (City) (State) (Zip) | | | | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indiv ine) X | -, | | | | | | |
| | | Tabl | e I - Noi | า-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | eficia | ally (| Owne | ed | | | | |
| Date | | | | | e Exonth/Day/Year) if a | | | A. Deemed execution Date, any Month/Day/Year) | | | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Secur Benef | | cially I Following | 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 07/08/ | | | | | | | | | | | 2,182 | ! | D \$1 | | .14 | 8 | 5,319 | D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transa Code (8) | | of Derive Security Acquer (A) or Disposof (D) (Instr | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | ce of rative rity 7. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V | | (A) | (D) | Date Exercisal | | Expiration Date | Numbe of Title Shares | | | | | | | | | |

Explanation of Responses:

Alison G. Schmidt, by power of attorney

07/12/2011

** 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.