FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL

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(0). 56	ee Instruction 1	U																			
1. Name and Address of Reporting Person* Hanna James Kevin					2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC MPW]							(CI	5. Relationship of Report (Check all applicable) Director			10% Ov		wner			
(Last) (First) (Middle)														_	V	below) below)					
1000 URBAN CENTER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 12/26/2024									Senior VP, Controller & CAO						
SUITE 501					12/20/2027																
,							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)																Form f	filed by One	e Rep	ortina Pers	on	
BIRMIN	GHAM AI	. 3	5242												Form filed by More than One Reporting						
(Cit.)	/C4-	-ta) /-	7:\													Perso	n				
(City)	(Sta	(2	Zip)																		
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or I	Ben	eficia	ally (Dwne	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3)				4 and Secur Bene Owne		ities Feicially (I) d Following (I)		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership						
								Code	v	Amount	(A) (D)) or)	Price	1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common stock, par value \$0.001 12/26/2					2024				S		11,641(1))]	D	\$3.7	72	366	6,913		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)	Derivative Security Instr. 3) Date (Month/Day/Year) Date (Month/Day/Year) Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)		ion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		g Instr.	8. Prio Deriva Secur (Instr.	ative rity . 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nur of	mber ares									

Explanation of Responses:

1. The sale was made in connection with the reporting person's year-end tax planning for 2024. The reporting person intends but is not required to repurchase an equal number of shares, subject to compliance with laws and company policies, as well as then-market conditions.

W. Zachary Riddle, by power of attorney

12/26/2024

** 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.