## FORM 5

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OWNERSHIP** 

<b>ANNUAL</b>	<b>STATEMENT</b>	OF CHANG	ES IN BEN	IEFICIAL

OMB APPROVAL								
OMB Number: 3235-0362								
Estimated average burden								
hours per response:	1.0							

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b) Term 3 Holdings Reported

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Form 4	Transactions R	eported.	File	ed pursuant to or Sectior					ities Excha ompany Ac								
1. Name and Address of Reporting Person*  HAMNER R STEVEN					2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC [ MPW ]						5. Relationship of Reporting Person(s) to Issue (Check all applicable)  X Director 10% Owner Control (Check Check					Owner	
(Last) (First) (Middle) 1000 URBAN CENTER DRIVE SUITE 501				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015						/Year)	X Officer (give title Other (specify below)  EVP & CFO						
(Street) BIRMINGHAM AL 35242 (City) (State) (Zip)				4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
		Tabl	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	ed, Di	sposed	of, or	Benefici	ially	Owne	ed			
´` ´  ı		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. r) 8)		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Disposed	5. Amour Securities Beneficia Owned at		es ally		ership n: Direct	7. Nature of Indirect Beneficial Ownership	
									(A) or (D)	Price	۱۱	Issuer's Fiscal		Indirect (I) ( (Instr. 4)		(Instr. 4)	
Common Stock, par value \$.001			02/19/2015		G		ŀ	18	,400	D	\$14.98	3	1,328,102			D	
Common	ommon Stock, par value \$.001 08/24/2015				G		ŀ	2,	544	D	\$12.27	512.27		1,325,558		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired rosed : 3, 4	Expii (Mon	ration Da hth/Day/Y	ear)	Amor Secu Unde Deriv Secu and	le and unt of rities rritying vative rity (Instr. 3 4)  Amount or Number of Shares	Deri Seci (Insi	rice of vative urity tr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	is illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)

**Explanation of Responses:** 

Alison G. Schmidt, by power of attorney

02/12/2016

\*\* 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.