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, I	D.C.	20549
---------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* SPARKS DANIEL PAUL					<u>M</u>	2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC [mpw]										all app	olicable) ctor		6 Owner
(Last) (First) (Middle) 1000 URBAN CENTER DRIVE SUITE 501					3. Date of Earliest Transaction (Month/Day/Year) 03/06/2015										belov	er (give title w)		er (specify ow)	
(Street) BIRMINGHAM AL 35242 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				Date E (Month/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dis Code (Instr. 5)		Disposed	Securities Acquired (A) isposed Of (D) (Instr. 3,			4 and S		ount of ities icially d Following ted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect	
								Code	v	Amount		A) or D)	Price		Transaction(s) (Instr. 3 and 4)				
Common Stock, par value \$.001				03/06	6/2015				P		1,000) A		\$14	.19	9 1,000		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	cise (Month/Day/Year) if any (Month/Day/Year)				4. Transaction Code (Instr. 8)		mber 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)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nur of	nber						

Explanation of Responses:

Alison G. Schmidt, by power of attorney

03/06/2015

** 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.