FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OIVID AFFROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
	hours per response:	0.5								

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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).

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* Stewart Michael G					ME	2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC [MPW]								(Ch	5. Relationship of Reporti Check all applicable) X Director Officer (give title		10% (
(Last) (First) (Middle) 1000 URBAN CENTER DRIVE SUITE 501					3. Date of Earliest Transaction (Month/Day/Year) 11/07/2017										belov	N) "	below)``	
(Street) BIRMINGHAM AL 35242					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line) X Form Form	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(St		Zip)	Dorive	otivo.	Soc		<u>. Λο</u>	irad	Dia	20004 0	f or F		ficial	Own				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ction	ction 2A. Deemed Execution Date,			3. 4. Securiti Disposed Code (Instr. 5)			ies Acq	uired (A) or	5. Ame Securi Benefi	ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common stock, par value \$0.001 11/07/2							2017		Code	v	Amount 7,294	_		Price \$13.4	Transa (Instr.	action(s) 3 and 4)	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)	titve Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any			Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		S (I	Price of erivative ecurity nstr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

Emily R. Sawyer, by power of <u>attorney</u>

11/09/2017

** 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.