FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
1	hours nor resnance:	0.5								

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* HAMNER R STEVEN						2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC [MPW]								heck all ap	plicable) ector cer (give t	· ·	10% Ov Other (s below)	vner	
(Last) (First) (Middle) 1000 URBAN CENTER DRIVE SUITE 501					02	3. Date of Earliest Transaction (Month/Day/Year) 02/07/2020									Executive Vice President & CFO				
(Street) BIRMINGHAM AL 35242 (City) (State) (Zip)					_ 4. _	4. If Amendment, Date of Original Filed (Month/Day/Year)								ne) X Fo					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date					nsactio	Execution Date,		3. 4. Securi Transaction Disposed		4. Securiti Disposed	es Acquire Of (D) (Ins	d (A) or tr. 3, 4 and	5. Ar Secu Bene Own Repo	5. Amount of Securities Beneficially Owned Following Reported		orm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common stock, par value \$0.001 02/07					07/202	/2020		Code	v	53,037 ⁽	(A) o (D)	Price \$((Inst	Transaction(s) (Instr. 3 and 4) 1,362,649		D			
Common stock, par value \$0.001 02/07/									A		79,557 ⁽	²⁾ A	\$() 1	1,442,206		D		
Common stock, par value \$0.001 02/07/								A		194,712 ⁽³⁾		\$(1,636,918		D			
			Table II -								osed of, convertib			/ Owne	k				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	Date,	4. Transa Code (8)				6. Date Exerci Expiration Dat (Month/Day/Ye		te	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		Deriva Securi	y Secu Secu Bene Own Follo Repo	umber of vative urities eficially led owing orted esaction(s	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amour or Number of Shares	r	(Inst				
Restricted common stock units	\$0	02/07/2020			С		53,037 ⁽¹⁾		(4)		(4)	Common stock, par value \$0.001	53,03	7 \$0		55,905	D		

Explanation of Responses:

- 1. Represents shares earned under the 2018 performance award equal to approximately one third of the target number of shares granted.
- 2. Represents additional shares earned under the 2018 performance award based on the Company's actual performance as compared to the performance hurdles defined in the award agreement along with shares earned pursuant to the modifier provisions in the award, which allowed for more shares to be earned based on how the Company's relative total return to shareholders compared to the SNL Healthcare REIT Index.
- 3. Represents shares earned under the 2019 performance award based on the Company's actual performance as compared to the performance hurdles defined in the award agreement along with shares earned pursuant to the modifier provisions in the award, which allowed for more shares to be earned based on how the Company's relative total return to shareholders compared to the SNL Healthcare REIT Index. The shares vested on January 1, 2020.
- 4. The shares vested on January 1, 2020.

W. Zachary Riddle, by power of attorney 02/11/2020

** 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.