FORM 5

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	205/10
wasiiiigton,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OWNERSHIP

OMB APPROVAL									

OMB Number: 3235-0362 Estimated average burden

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

	Security Security				(A) or Dispo	osed) r. 3, 4					ırity (Instr.			Following Reported Transacti (Instr. 4)		or Indirec (I) (Instr. 4	
1. Title of Derivative Conversion Date (Instr. 3) Security Conversion Conversion Date (Month/Day/Year) Price of Derivative		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu	vative (Mon		ate Exercisable and ration Date nth/Day/Year)		Amo Secu Unde	7. Title and Amount of Securities Underlying Derivative		Price of erivative ecurity nstr. 5)	9. Numbe derivative Securities Beneficia Owned	e Ownersh s Form: ally Direct (D		Beneficial Ownership	
		Ta	able II - Derivat (e.g., p	ive Secur uts, calls,									Owned				
Common	Common Stock, par value \$.001 12/31/2007			G		4,	000	A \$10.		19	4,000			I	As custodian for children's accounts		
Common	nmon Stock, par value \$.001 12/31/2007			G		4,000 I		D	\$10.1	\$10.19 3		46,609		D			
		(Month/Day/Year)			Transaction Code (Instr. 8)		Amoun	.	(A) or (D) Price			Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)	
1. Title of Se	curity (Instr. :		e I - Non-Deriv	2A. Deemed Execution Da		3.		4. Secu	sposed irities Acqu Instr. 3, 4 a	ired (A)			5. Amou Securitie	nt of	6.		7. Nature of
(City)	(St		Zip)														
(Street) BIRMINGHAM AL 35242												X Form filed by One Reporting Person Form filed by More than One Reporting Person					
				4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)						
1000 URBAN CENTER DRIVE SUITE 501				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2007						Exec. VP and COO							
(Last) (First) (Middle)				MPW]						У	X Officer (give title below)				r (specify		
1. Name and Address of Reporting Person* McLean Emmett E				MEDIO	2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
Form 4	Transactions I	Reported.	FIR						ompany Ac								1
_			Til.	ed pursuant to	Saction	on 16(s	a) of th	e Secur	itiae Evcha	nao Ac	t of 1024						

Explanation of Responses:

Philip Summerlin, by power of <u>attorney</u>

02/14/2008

** 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.