FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

## 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

Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC [									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Aldag I	Edward K	<u>JK</u>			MP			- 110			211001		<u>~</u> L		X Di	rector	1	0% O	wner
(Last)	(Fir	rst) (	Middle)			,								_		ficer (give title low)		ther ( elow)	specify
1000 URBAN CENTER DRIVE SUITE 501					3. Date of Earliest Transaction (Month/Day/Year) 03/22/2019									Chairman, President & CEO					
(Ctt)					4. If <i>i</i>	Amen	dment,	Date o	f Origina	al Filed	d (Month/Da	ay/Yea	r)	6. I Lin		l or Joint/Group	p Filing (Ch	eck A	pplicable
(Street) BIRMIN	GHAM AI	. 3	35242											- 1	,	orm filed by On	e Reporting	Pers	on
														Form filed by More than One Reporting Person				orting	
(City)	(St	ate) (	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date			2. Transac Date (Month/Da	Execution Date		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5) Sed Bei Ow	amount of curities neficially ned Following	6. Owners Form: Dire (D) or Indi (I) (Instr. 4	ect rect	7. Nature of Indirect Beneficial Ownership			
										v	Amount (A		A) or D)	Price	Tra	oorted nsaction(s) str. 3 and 4)			(Instr. 4)
Common stock, par value \$0.001			03/22/	/2019				S		273,577 D \$		\$18.7	2	2,160,784					
	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)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		str. 3	s. Price ( Derivativ Gecurity Instr. 5)		Owner Form: Direct or Indi (I) (Ins	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

**Explanation of Responses:** 

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

03/22/2019

\*\* 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.