FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
		_00.0	

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0362								
Estimated average burden								
hours per response:	1.0							

Form 3 Holdings Reported.

Instruction 1(b)

Form 4	Transactions R	eported.	File	ed pursuant to or Section					ities Excha ompany Ac							
1. Name and Address of Reporting Person* HAMNER R STEVEN				2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC [MPW]							Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	(Fir:	st) (N	Middle) ITE 501		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2017					Year)	X Officer (give title below) Other (specify below) Executive Vice President & CFO					
(Street) BIRMINGHAM AL 35242 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)							G. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	ed, Di	sposed (of, or	Benefici	ally Owr	ed			
Date (Month/Day/Year)		2A. Deemed Execution Date, if any		3. Transaction Code (Instr.						Securi Benefi	ties cially		ership n: Direct	7. Nature of Indirect Beneficial		
				(Month/Day/Ye		ear) 8)		Amoui	nt	(A) or (D)	Price	Issuer	Issuer's Fiscal Ind Year (Instr. 3 and (In			Ownership (Instr. 4)
Common stock, par value \$0.001 03/17/201			03/17/2017	G		3	27	,500	D	\$0	1,0	1,096,551		D		
Common stock, par value \$0.001 08/11/202			08/11/2017			C	3	10),000	D \$0		1,0	1,086,551		D	
Common	Common stock, par value \$0.001 08/14/2017			G		j	8,	,000	D	\$0	1,0	1,078,551		D		
Common	ommon stock, par value \$0.001 08/21/2017				G		3	8,	,000	D	\$0	1,0	1,070,551		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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instrand 5	ative (Mon interest in the content of the content o		Date Exercisable and xpiration Date Month/Day/Year) ate Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		8. Price of Derivative Security (Instr. 5)		e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)

Explanation of Responses:

Emily R. Sawyer, by power of attorney

02/13/2018

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).