FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549	

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

## TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 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

1. Name and Address of Reporting Person* Aldag Edward K JR					2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC [ MPW ]								neck all a	nip of Reporti oplicable) ector		erson(s) to Is 10% Ov Other (s	vner		
(Last) 1000 UR	(Fir	st) (Γ ΓER DRIVE	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/28/2024							A bel	ficer (give title low) hairman, Presi		below)	`		
SUITE 5	01				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applic Line)				oplicable			
(Street) BIRMIN	GHAM AI	. 3	5242										Fo	Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)		Rul	e 10	)b5-	1(c)	Tran	sac	tion Indi	cat	tion						
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is in satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.						an that is inter	nded to							
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or	Bene	eficia	ally Ow	ned			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)			Execution Date,		Date,	Transaction Disposed O Code (Instr. 5)		es Acquired (A) Of (D) (Instr. 3, 4			d Seci Ben Owr	nount of crities eficially ed Following orted	Fori	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	()	A) or D)	Price	Tran	saction(s) r. 3 and 4)			(Instr. 4)
Common stock, par value \$0.001 03/28/2			2024		A		13,119(1	) A		\$0	5,093,576			D					
Common	stock, par v	value \$0.001		03/28/2	2024				A		103,774	2)	A \$0 5,197,350 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)	rivative curity Conversion or Exercise price of Derivative Security Execution Date, if any (Month/Day/Year)		4. Transa Code ( 8)	(Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Insi 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

## **Explanation of Responses:**

- 1. Represents net additional shares earned and vested immediately under the 2021 performance award based on the Company's actual performance as compared to the performance hurdles defined in the award agreement, decreased pursuant to the modifier provisions in the award that were based on the Company's total return to shareholders.
- 2. Represents additional shares earned and vested immediately under the 2023 performance award based on the Company's actual performance as compared to the performance hurdles defined in the award agreement, decreased pursuant to the modifier provisions in the award that were based on the Company's total return to shareholders.

W. Zachary Riddle, by power of attorney

04/01/2024

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.