FORM 4

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

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*     Stewart Michael G					ME	2. Issuer Name and Ticker or Trading Symbol  MEDICAL PROPERTIES TRUST INC [ MPW ]										tionship of Reportin all applicable) Director		ng Pe	10% C	)wner		
(Last) 1000 UR	BAN CI	(Firs	t) (M ER DRIVE	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/24/2017											Officer (give title below)			Other (specify below)		
SUITE 501					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	GHAM	AL	3	5242												X		i filed by One i filed by Moi on				
(City)		(Sta	te) (Z	Zip)																		
			Table	e I - N	on-Deriv	ative S	Secu	ıritie	s Acc	juired, [	Disp	osed o	f, or	Bene	ficia	ally (	Owne	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				.	Execution Date,				3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. and 5)						Secur Benef Owner	icially d	For (D) Indi	Ownership m: Direct or irect (I) str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Code	v	Amount		(A) or (D)	Price		Following Reported Transaction(s) (Instr. 3 and 4)		(iiis	str. 4)	(111501.4)	
Common stock, par value \$0.001 03/24				03/24/2	017				A		7,263(1)		A	\$0		245,900(2)			D			
			Та	ble II	- Derivat (e.g., pu				•	,	•	,			,	y Ov	vned					
Derivative Conversion D		3. Transaction Date (Month/Day/Year)	if any	emed ion Date, h/Day/Year)	Code (Ir	ransaction ode (Instr. )		mber rative rities ired rosed ) 3, 4 5)	6. Date Ex Expiration (Month/Di	e ear)	Amount of Securities Underlying Derivative Security (Ins 3 and 4)  Amount of Security (Ins 7 and 8 and 9 and		ount nber	8. Pr of Deri Secu (Inst	vative	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## Explanation of Responses:

- 1. Shares vest ratably at the beginning of each of the 12 calendar quarters beginning April 1, 2017.
- $2. \ \,$  Includes 16,000 share adjustment to properly state current holdings.

Emily R. Sawyer, by power of attorney 03/24/2017

\*\* 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.