FORM 4

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
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	ide. 000		Filed							es Exchang npany Act o			4		nours	per re	esponse:	0.5
1. Name and Address of Reporting Person*  DAWSON G STEVEN			2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC MPW							(Che	eck all app X Direc	tionship of Reportin all applicable) Director		10% O	wner				
(Last)	(Last) (First) (Middle)												4	Office below	er (give title v)		Other ( below)	specify	
CIRA CI	CIRA CENTRE					3. Date of Earliest Transaction (Month/Day/Year) 02/03/2022													
2929 ARCH STREET, 17TH FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)								0.15	C. Individual or Jaint/Crown Filing (Class). Asselies					
(Street)					4. 17 4	amena	ment,	Date of	r Origina	u Filed	i (Montn/Da	ıy/ Year	r)	Line	6. Individual or Joint/Group Filing (Check Applicable Line)				
PHILADELPHIA PA 19104-2870														•	porting Pers an One Rep				
,															Perso		iie uie	an One Rep	orang
(City)	(St	ate) (2	Zip)																
		Table	I - Non	-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)			ay/Year) if any		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Acquire Disposed Of (D) (Instr. 5)				Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A)	) or	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common stock, par value \$0.001 02/03			02/03/2	2022			A		5,552(1)		A	\$0	90	),523		D			
		Tal									osed of, o				y Owner	d		'	
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, ty or Exercise (Month/Day/Year) if any				Transaction Code (Instr. 8)  of Deriv Secu Acqu (A) on Dispr of (D)			vative irities ired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		str.	3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Num of Shar	.					

## **Explanation of Responses:**

1. Shares vest ratably at the beginning of each of the 12 calendar quarters beginning April 1, 2022.

Emily R. Sawyer, by power of attorney

02/04/2022

\*\* 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.