| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

| to Sect | this box if no lo ion 16. Form 4 ions may contir | or Form 5 | NT OI | F Cł | HANGE | Estim | OMB Number: 3235-0287 Estimated average burden | | | | | | | | | |
|---|---|------------------------|---|------------------|--------------------|---|---|------------------------------|-------------------|---|---|---------------|----------------------|--|---|---|
| | tion 1(b). | iue. 366 | | Filed | l pursual or Se | nt to S ction 3 | ection 16(a) 0(h) of the Ir | of the S vestme | ecuriti nt Cor | ies Exchange mpany Act of | e Act of 19 1940 | 934 | | nours | per response: | 0.5 |
| Hanna . (Last) | James Ke | | 2. Issuer Name and Ticker or Trading Symbol <u>MEDICAL PROPERTIES TRUST INC</u> [MPW] 3. Date of Earliest Transaction (Month/Day/Year) 01/11/2023 | | | | | | | | 5. Relationship of Reporting Person(s) to Iss (Check all applicable) Director 10% Ow X Officer (give title Other (s below) below) VP, Controller & CAO | | | | | |
| (Street) BIRMIN (City) | GHAM AI | | 35242 (Zip) | | 4. If A | mendi | ment, Date o | f Origina | al Fileo | d (Month/Day | 6. Lir | ie) X Form | filed by One | o Filing (Check) e Reporting Per- re than One Rep | son | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) Date (Month/Date) | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transa Code (8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transac (Instr. 3 | tion(s) | | (1110411 4) |
| Common stock, par value \$0.001 01/11/2 | | | | | | | | F | | 1,211(1) | D | \$11. | 14 109 | 9,526 | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
| 1. Title of Derivative | 2. Conversion | 3. Transaction Date | | emed on Date, | 4. Transad | | 5. Number of | Expirat | ion Da | | 7. Title an Amount | of | Derivative | 9. Number derivative | of 10. Ownership | 11. Nature of Indirect |

| | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transa Code (8) | | Secu Acqu (A) o Dispo of (D | erivative (Month/Day/Year) scurities ; quired) or sposed (D) str. 3, 4 | | | | Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
|--|---|------------------|---|------------------------|---|---|---|---------------------|--------------------|-------|---|--|--|---|---------------------------------------|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Represents shares withheld upon vesting of restricted stock to satisfy tax withholding obligation. This does not constitute a sale transaction.

| W. Zachary Riddle, by power | 01/12/2023 |
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| <u>of attorney</u> | 01/12/2023 |

** 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.