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								
l	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).

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* <u>Clarke Virginia A</u>						2. Issuer Name and Ticker or Trading Symbol  MEDICAL PROPERTIES TRUST INC  MPW ]									k all applic Directo	able) r	10% Owner		ner
(Last) (First) (Middle) 1000 URBAN CENTER DRIVE SUITE 501					03/	3. Date of Earliest Transaction (Month/Day/Year) 03/11/2011									below)	(give title	Filing	below)	
(Street) BIRMINGHAM AL		L	35242	- 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	′					
(City) (State)		tate)	(Zip)																
		Tab	le I - Non	-Deriv	ative	e Se	curit	ies Ac	quired,	Dis	osed o	f, or Be	nefic	ially	Owned				
1. Title of Security (Instr. 3)  2. Transat Date (Month/Date)						Execution Date			Code (Instr. 5)				4 and Securition		es Form ally (D) ( Following (I) (I		: Direct C Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) oi (D)	Pric	се	Transact (Instr. 3 a	ction(s)			(III3U. 4)
	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 D if any (Month/Day/	ate, T	4. Transactio Code (Inst 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		5	d. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl		xpiration vate	Title	Amou or Numb of Share	oer					
Stock Option (right to buy)	\$10	03/11/2011			D			20,000	(1)	O	3/04/2015	Common Stock	20,0	00	\$1.63 <sup>(2)</sup>	0		D	

## Explanation of Responses:

- 1. The option is currently exercisable.
- 2. The option was cancelled by mutual agreement of the reporting person and Medical Properties Trust, Inc. The reporting person received an aggregate of \$32,600 as consideration for the cancellation of the options listed on this Form 4.

Kevin Hanna, by power of

03/30/2011

<u>attorney</u>

\*\* 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.