## SEC Form 5

FORM		UNITED STA	TES SECU	ssion	OMB APPROVAL								
Check this box if no Section 16. Form 4 c obligations may com Instruction 1(b).	pr Form 5 tinue. See ported.	-	L STATEME	OWNE	RSHIP		CIA	L	OMB Number:         3235-0362           Estimated average burden         hours per response:         1.0				
Form 4 Transactions 1. Name and Address of Holmes Robert	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>MEDICAL PROPERTIES TRUST INC</u> [ MPW ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify						
(Last) (F 1000 URBAN CEN SUITE 501	<ul> <li>3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2006</li> <li>4. If Amendment, Date of Original Filed (Month/Day/Year)</li> </ul>						below) lividual or Joint/C		elow) eck Applicable				
(Street) BIRMINGHAM A (City) (S		35242 (Zip)							Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
	•	le I - Non-Deriv	ative Securiti	es Acquire	ed, Disposed	of, or	Benefic	ially	/ Owned				
D		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr.	4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)			d	5. Amount of Securities Beneficially Owned at end o	6. Ownership Form: Direct of (D) or	7. Nature of Indirect Beneficial Ownership		
			(Month/Day/Year)	8)	Amount	(A) or (D) Price			Issuer's Fiscal Year (Instr. 3 an 4)	Indirect (I)	(Instr. 4)		
	1	able II - Deriva (e.g., p	tive Securities uts, calls, wa						Owned				
1. Title of 2.	3. Transaction	3A. Deemed	1. 5. Nu	mber 6 Dat	e Exercisable and	7 Titl	e and		8. Price of 9. Ni	umber of 10.	11. Nat		

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Deferred Stock Units <sup>(1)</sup>	\$10.15	03/15/2006		J <sup>(2)</sup>	98.42		05/18/2009	(3)	Common Stock, par value \$.001	98.42	\$10.15	10,470.7	D	
Deferred Stock Units <sup>(1)</sup>	\$10.95	06/15/2006		J <sup>(2)</sup>	225.01		05/18/2009	(3)	Common Stock, par value \$.001	225.01	\$10.95	10,470.7	D	
Deferred Stock Units <sup>(1)</sup>	\$13.14	09/14/2006		J <sup>(2)</sup>	199.46		05/18/2009	(3)	Common Stock, par value \$.001	199.46	\$13.14	10,470.7	D	
Deferred Stock Units <sup>(1)</sup>	\$14.55	12/14/2006		J <sup>(2)</sup>	190.76		05/18/2009	(3)	Common Stock, par value \$.001	190.76	\$14.55	10,470.7	D	

## Explanation of Responses:

1. Represents rights to receive common stock by May, 2009.

2. The transaction represents additional deferred stock units in lieu of cash dividends on vested deferred stock units as required by the Amended and Restated Medical Properties Trust, Inc. 2004 Equity Incentive Plan.

3. The deferred stock units will not expire.

## Philip Summerlin by power of <u>02/1</u>

02/14/2007

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.