FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB APPROVAL

OMB Number:	3235-0287
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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* Aldag Edward K JR				<u>N</u>	2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC							k all applica		Perso	Person(s) to Issuer				
(Last) 1000 UR SUITE 5	BAN CEN	First) TER DRIVE	(Middle)		3.	MPW] 3. Date of Earliest Transaction (Month/Day/Year) 02/07/2020								X	Officer (circo title Other (c				pecify
(Street) BIRMIN (City)	GHAM A	NL State)	35242 (Zip)		_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi Line) X						
		Ta	able I - Noi	n-Der	rivati	ive S			uired,	Dis	posed of	f, or Bo	enefi	cially	Owned				
Date				Date	nsaction	action 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.) 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Securities Beneficia Owned Fo		ly	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D) Prid		Price	Reported Transactio (Instr. 3 ar				(Instr. 4)
Common stock, par value \$0.001 02/07				07/20	7/2020		С		106,073 ⁽¹⁾ A		\$ <mark>0</mark>	2,313,203		D					
Common stock, par value \$0.001 02/07.					07/20	/2020		A		159,113 ⁽²⁾ A		\$ <mark>0</mark>	2,472,316		D				
Common stock, par value \$0.001 02/07					07/20	7/2020		A		389,416 ⁽³⁾ A		A	\$ <mark>0</mark>	2,861,732		D			
			Table II -				curities A lls, warra								wned				
1. Title of Derivative Security (Instr. 3)	titive Conversion Date Execution Date, Tra ity or Exercise (Month/Day/Year) if any Con		Transa Code (I	nsaction Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Amof Securities Underlying Derivative Securities (Instr. 3 and 4)			curity	Derivative Security		er of e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu	nount mber Shares		Transaction(s (Instr. 4)			
Restricted common stock units	\$0	02/07/2020			С		106,073 ⁽¹⁾		(4)		(4)	Commo stock, par valu \$0.001	e 10	6,073	\$0	111,8	14	D	

Explanation of Responses:

- 1. Represents shares earned under the 2018 performance award equal to approximately one third of the target number of shares granted.
- 2. Represents additional shares earned under the 2018 performance award based on the Company's actual performance as compared to the performance hurdles defined in the award agreement along with shares earned pursuant to the modifier provisions in the award, which allowed for more shares to be earned based on how the Company's relative total return to shareholders compared to the SNL Healthcare REIT Index.
- 3. Represents shares earned under the 2019 performance award based on the Company's actual performance as compared to the performance hurdles defined in the award agreement along with shares earned pursuant to the modifier provisions in the award, which allowed for more shares to be earned based on how the Company's relative total return to shareholders compared to the SNL Healthcare REIT Index. The shares vested on January 1, 2020.
- 4. The shares vested on January 1, 2020.

W. Zachary Riddle, by power of <u>attorney</u>

02/11/2020

** 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.