Instruction 1(b)

FORM 5

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

Vashington.	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								
hours per response:	1.0							

Forms	s Holaings Rep	ortea.																
Form 4	4 Transactions	Reported.	Fi	led pursuant t or Section					rities Exchar company Act		1934							
1. Name and Address of Reporting Person* DAWSON G STEVEN					2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC [MPW]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify						
(Last) (First) (Middle) 1000 URBAN CENTER DRIVE SUITE 501					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2006							below) below)						
(Street) BIRMINGHAM AL 35242				_	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S		(Zip)															
		Tab	le I - Non-Deri	vative Sec	curitie	s Ac	quire	d, Di	sposed c	of, or Be	neficial	ly Owned	l					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			if any	kecution Date, Transa		(Instr.		nd 5)		5. Amount Securities Beneficial Owned at Issuer's F	Owne Ily Form: end of (D) or iscal Indire		rship Indir Direct Bene Own		eficial nership			
								Amount (A) 01 Price			ce	Year (Insti	tr. 3 and (Instr.		4)			
		7	able II - Deriva e.g.,	ative Secu puts, calls							-	Owned						
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)			f g Security	8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares							
Deferred Stock Units ⁽¹⁾	\$10.15	03/15/2006		J ⁽²⁾	98.42		05/18/	2009	(3)	Common Stock, par value \$.001	98.42	\$10.15	10,47	70.7	7 D			
Deferred Stock Units ⁽¹⁾	\$10.95	06/15/2006		J ⁽²⁾	225.01		05/18/	2009	(3)	Common Stock, par value \$.001	225.01	\$10.95	10,47	70.7	D			
Deferred Stock Units ⁽¹⁾	\$13.14	09/14/2006		J ⁽²⁾	199.46		05/18/	2009	(3)	Common Stock, par value \$.001	199.46	\$13.14	10,47	70.7	D			
Deferred Stock Units ⁽¹⁾	\$14.55	12/14/2006		J ⁽²⁾	190.76		05/18/	2009	(3)	Common Stock, par value \$.001	190.76	\$14.55	10,47	70.7	D			

Explanation of Responses:

- 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.

<u>Philip Summerlin by power of attorney</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.

- * 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.