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

Machinatan	D C	20540
Washington,	D.C.	20549

V	/as	hing	ton,	D.C.	20	549	

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPRO	OVAL							
OMB Number: 3235-03								
Estimated average burd	len							
hours per response:	1.0							

Form 3 Holdings Reported

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 Form 4 Transactions Reported.

Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
HAMNER R STEVEN				MEDICAL PROPERTIES TRUST INC [MPW]						⊆	X Direc		ctor		10%	Owner		
(Last)	(Fir	st) (1	Middle)	INIT AA 1							X	X Officer (give title below))	Othe belo	er (specify w)		
` ′	`	TER DRIVE	,		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014							EVP & CFO						
SUITE 50	01			12/01/2017														
(Stroot)				4. If Amen	dment	, Date	of Orig	jinal File	d (Month/D	Day/Yea		6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BIRMING	GHAM AL	. 3	5242									X	Form filed by One Reporting Person					
												Form filed by More than One Reporting Person						
(City)																		
		Table	e I - Non-Deriv	ative Sec	uritie	es Ac	quire	ed, Di	sposed	of, or	Benefici	ally	Owne	ed				
Date (Month/Day/Year)			Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8)			4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Disposed	Securiti Benefici		es Owr		ership n: Direct	7. Nature of ndirect Beneficial Ownership			
					Amour	nt	(A) or (D)	Price		Issuer's	suer's Fiscal Indi		ect (I)	(Instr. 4)				
Common Stock, par value \$.001 09/15/2014			G 16,720 D \$13.		\$13.05	05 1,112,014		2,014		D								
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 Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expir (Mon	te Exercite Exercite Exercite Day N		Amount of Securities Underlying Derivative Security (Instrand 4) Amount of Manual Amount or Numb of		int er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	

Explanation of Responses:

Alison G. Schmidt, by power

of attorney

** Signature of Reporting Person

Date

02/13/2015

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.