

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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>Hooper Rosa Handley</u> _____ (Last) (First) (Middle) 1000 URBAN CENTER DRIVE SUITE 501 _____ (Street) BIRMINGHAM AL 35242 _____ (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>MEDICAL PROPERTIES TRUST INC [MPW]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>SVP of Operations</u>
	3. Date of Earliest Transaction (Month/Day/Year) 12/08/2023	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price				
Common stock, par value \$0.001	12/08/2023		A		200,000 ⁽¹⁾⁽²⁾	A	\$0.00	362,751	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)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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)
						Date Exercisable	Expiration Date					

Explanation of Responses:

1. The shares were granted under the Medical Properties Trust, Inc. Amended and Restated 2019 Equity Incentive Plan and will be earned based on the achievement of specified increases in the price of the Company's common stock during the four-year period following December 8, 2023 (the "Grant Date") as follows: (i) if the Company's share price increases to \$7.00, 100% of the shares will be earned; (ii) if the Company's share price increases to \$8.50, 200% of the shares will be earned; and (iii) if the Company's share price increases to \$10.00, 300% of the shares will be earned. The actual number of shares to be earned will be determined based on the trailing 20-trading day average closing price of the Company's common stock (continued on footnote 2).

2. Earned shares will become vested in equal quarterly installments over two years following the date the shares are earned, subject to the grantee's continued employment through such date, provided that all unvested earned shares will vest in full on the date that the Compensation Committee makes the final determination regarding achievement of the performance metrics following the end of the four-year performance period.

Matthew W. Stuenkel, by 12/12/2023
power of attorney

** 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.