FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEME
obligations may continue. See Instruction 1(b).	File

NT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* HAMNER R STEVEN						2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC [5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
						MPW]									X Dire		or	10% O		wner
(Last) (First) (Middle)						-								4	X Office belo		er (give title w)		Other (specify below)	
1000 URBAN CENTER DRIVE, SUITE 501						3. Date of Earliest Transaction (Month/Day/Year) 11/07/2017									EVP & CFO					
(Street) BIRMINGHAM AL 35242				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
BIRMINGHAM AL 35242														X Form filed by One Reporting Person						
(City)	(St	ate) (Zip)			Form filed by More than One Person									пе Кер	orting				
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	r Ben	efici	ally O	wned	t			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ay/Year) if a		A. Deemed Execution Date, f any Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Secu Bene Owne		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										v	Amount		(A) or (D)	Price			tion(s) and 4)			(Instr. 4)
Common stock, par value \$0.001				11/07	1/07/2017				D		60,000	0 D \$		\$13	1,134,760		34,760	D		
		Та									sed of, onvertib				y Ow	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion Date (Month/Day/Year) Dr Exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year)		Date,		Transaction Code (Instr.		of I		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				D. Number of derivative Securities Beneficially Dwned Following Reported Transaction(Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	of	nber ares								

Explanation of Responses:

Emily R. Sawyer, by power of <u>attorney</u>

11/09/2017

** 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.