



Medical Properties Trust

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**MEDICAL PROPERTIES TRUST, INC.
REPORT OF ORGANIZATIONAL ACTION AFFECTING BASIS OF SECURITIES
UNDER SECTION 6045B OF THE INTERNAL REVENUE CODE**

Medical Properties Trust, Inc. (NYSE: MPW) (FEIN 20-0191742), in compliance with recently enacted Internal Revenue Code Section 6045B requirements, announced today that it expects the following amounts of the 2011 dividend payments to represent a return of capital. If the Company determines after its earnings release that there is a different result, a corrected form will be filed within 45 days of said determination.

| Payment Date | Per Share Reduction of Basis |
|---------------------|-------------------------------------|
| 01/06/2011 | \$ 0.116940 |
| 04/14/2011 | \$ 0.116940 |
| 07/14/2011 | \$ 0.116940 |
| <u>10/13/2011</u> | <u>\$ 0.116940</u> |
| TOTAL | \$ 0.467760 |

Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

Part I Reporting Issuer

| | | | |
|--|-----------------------------------|---|-----------------------------|
| 1 Issuer's name | | 2 Issuer's employer identification number (EIN) | |
| MEDICAL PROPERTIES TRUST, INC. | | 20-0191742 | |
| 3 Name of contact for additional information | 4 Telephone No. of contact | 5 Email address of contact | |
| CHARLES LAMBERT | (205) 969-3755 | CLAMBERT@MEDICALPROPERTIESTRUST.COM | |
| 6 Number and street (or P.O. box if mail is not delivered to street address) of contact | | 7 City, town, or post office, state, and Zip code of contact | |
| 1000 URBAN CENTER DRIVE, SUITE 501 | | BIRMINGHAM, AL 35242 | |
| 8 Date of action | | 9 Classification and description | |
| SEE BELOW | | COMMON STOCK | |
| 10 CUSIP number | 11 Serial number(s) | 12 Ticker symbol | 13 Account number(s) |
| 58463J304 | | MPW | |

Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ **THE TAXPAYER MADE CASH DISTRIBUTIONS TO ITS SHAREHOLDERS IN EXCESS OF ITS CURRENT AND ACCUMULATED EARNINGS AND PROFITS. SEE PART I, LINE 15 FOR THE AMOUNT OF THESE DISTRIBUTIONS PER SHARE.**

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶ **THE DISTRIBUTIONS REDUCE THE BASIS OF THE SECURITY IN THE HANDS OF THE US TAXPAYER(S) AS FOLLOWS:**

| DATE | PER SHARE REDUCTION OF BASIS |
|--------------|------------------------------|
| 01/06/2011 | \$ 0.116940 |
| 04/14/2011 | \$ 0.116940 |
| 07/14/2011 | \$ 0.116940 |
| 10/13/2011 | \$ 0.116940 |
| TOTAL | \$ 0.467760 |

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ **THE TAXPAYER'S EARNINGS AND PROFITS WERE CALCULATED UNDER IRC SECTION 312 AS MODIFIED BY IRC SECTION 857(d) FOR A REAL ESTATE INVESTMENT TRUST AND THE REGULATIONS THEREUNDER. AMOUNTS IN EXCESS OF EARNINGS AND PROFITS REDUCE THE SHAREHOLDER'S TAX BASIS IN ITS SHARES TO THE EXTENT OF BASIS.**

Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ IRC SECTION 301(c)(2)

18 Can any resulting loss be recognized? ▶ NO

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ THESE ACTIONS ARE EFFECTIVE ON THE DATES OF DISTRIBUTION IDENTIFIED ABOVE.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature ▶ Emmett E. McLean Date ▶ 1/17/2012

Print your name ▶ Emmett E. McLean Title ▶ Executive Vice President, COO, Treasurer and Secretary

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶ | Firm's EIN ▶ | | Phone no. | |
| Firm's address ▶ | | | | |