FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | | | | |
|--------------------------|---------------------------------------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |
| | OMB Number: Estimated average burd | | | | | | | | |

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

| 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) X Director 10% Owner | | | | | | | |
|--|--|--------|------|--|---|---|--|--|---|---|--------------------|---|-------------------------------|---|---|---|---|---|----------------------|--|--|--|
| THE THE TENT | | | | | | MPW] | | | | | | | | | | | | | | | | |
| (Last) (First) (Middle) | | | | | | | | | | | | | | | | | | | Other (below) | specify | | |
| 1000 URBAN CENTER DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/10/2011 | | | | | | | | | | | EVP & CFO | | | | | | |
| SUITE 501 | | | | | 01/ | 01/10/2011 | | | | | | | | | | | | | | | | |
| | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | | | | | | Line) | | | | | | | |
| BIRMINGHAM AL 35242 | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | | |
| - | | | | | | | | | | | | | | | | Form filed by More than One Rep Person | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | | | | Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common stock, par value \$.001 01/10/ | | | | | | | | | A | | 102,740 | 10 ⁽¹⁾ A | | \$ | 0 | 686,249 | | 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) | rivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any | | | | Date, Transaction Code (Instr. | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price Derivati Security (Instr. 5 | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | : t (D) direct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | Amo or Nun of Sha | ber | | | | | | | | |

Explanation of Responses:

1. Fifty percent of such shares vest ratably at the beginning of each of the 12 calendar quarters ending March 31, 2014; dividends are paid currently. Fifty percent of such shares vest ratably over a three-year period based on achievement of certain performance measures, with a carry-back and carry forward provision through December 31, 2015; accrued dividends are paid only upon achievement of the performance measures.

Alison G. Schmidt, by Power of Attorney

01/12/2011

** 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.