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

to

Form 3 Holdings Reported.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								

E age hours per response: 1.0

Form 4	Transactions	Reported.	Fi	led pursuant f or Sectio					rities Excha Company A									
1. Name and Address of Reporting Person* GOOLSBY BRYAN L				2. Issuer Name and Ticker or Trading Symbol <u>MEDICAL PROPERTIES TRUST INC</u> [MPW]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title V Other (specify								
(Last)	(Fi	irst)	(Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2006						below) Former director							
(Street) (City) (State) (Zip)				- 4. If Amer	ndment,	Date	of Orig	inal File	ed (Month/I	Day/Year)		Line	X Form f	iled by One iled by More	e Repor	rting Perso	n	
		Tab	le I - Non-Deri	vative Sec	curitie	s Ac	quire	ed, Di	sposed	of, or E	Benefi	ciall	y Owned	ł				
Date (Month/Day/Year)			2A. Deemed Execution I if any (Month/Day	Date,	3. Transa Code 8)							5. Amoun Securities Beneficial Owned at	s Own Ily Form a end of (D)	Owners Form: D D) or	ership Ind n: Direct Be or Ov	Nature of direct eneficial wnership		
								Amou	nt	(A) or (D)	Price		Issuer's Fiscal Year (Instr. 3 and 4)		nd (Instr. 4)		(Instr. 4)	
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)			ate		unt of urities		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)			
					(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amo or Nun of Sha							
Deferred Stock Units ⁽¹⁾	\$10.15	03/15/2006		J ⁽²⁾	97.26		05/18	3/2009	(3)	Commo Stock, par valu \$.001	97 e	.26	\$10.15	10,409.3	75	D		
Deferred Stock Units ⁽¹⁾	\$10.95	06/15/2006		J ⁽²⁾	223.7		05/18	3/2009	(3)	Commo Stock, par valu \$.001	22 ie	3.7	\$10.95	10,409.3	75	D		
Deferred Stock Units ⁽¹⁾	\$13.14	09/14/2006		J ⁽²⁾	198.3		05/18	3/2009	(3)	Commo Stock, par valu \$.001	19	8.3	\$13.14	10,409.3	75	D		
Deferred Stock Units ⁽¹⁾	\$14.55	12/14/2006		J ⁽²⁾	189.65		05/18	3/2009	(3)	Commo Stock, par valu \$ 001	189 189	9.65	\$14.55	10,409.7	75	D		

Explanation of Responses:

1. Represents rights to receive common stock by May, 2009.

2. The transaction represents additional deferred stock units in lieu of cash dividends on vested deferred stock units as required by the Amended and Restated Medical Properties Trust, Inc. 2004 Equity Incentive Plan.

3. The deferred stock units will not expire.

Philip Summerlin by power of	02/
<u>attorney</u>	02/

\$.001

02/14/2007

** 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.