FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL									
	OMB Number:	3235-028								

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Estimated average burden								
hours per response:	0.5							

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*  DAWSON G STEVEN  (Last) (First) (Middle)					MP MP	2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC [ MPW ]										ationship of Reportin c all applicable) Director Officer (give title below)		10% (	Owner (specify
CIRA CENTRE 2929 ARCH STREET, 17TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 08/08/2019													
(Street) PHILADELPHIA PA 19104-2870  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									5. Indiv ₋ine) X				
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	es Acc		Dis	posed o	f, or	Ben	efici	ially	Owne	ed		
Date				2. Transa Date (Month/E	action Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				r and	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(	A) or D)	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common	stock, par v	alue \$0.001		08/08	3/2019				S		7,476	5	D	\$18	3.07	7	76,302	D	
Common stock, par value \$0.001				08/08/2019					P	P		5	A	\$18.07		13,138		I	By Self as Trustee for Dawson Interest Pension Plan
		Та	ıble II - [								sed of, onvertib					vned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3A. Deeme Execution if any (Month/Da	eemed 4. tion Date, Trai		ction	5. Number 6		Expiratio	5. Date Exercisa Expiration Date Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			Deri Seci		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code				Date Exercisal		or		ount nber res						

**Explanation of Responses:** 

Emily R. Sawyer, by power of attorney

08/09/2019

\*\* Signature of Reporting Person

n Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.