FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	JVAL							
	OMB Number:	3235-0287							
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l	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

					UI	Secui	JII 30(II) (or trie	investment C	ompany Ac	01 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)						
HAIVII	EKK SI	EVEIN			MI	w]							X Directo	or		10% Ow	ner		
(Last) (First) (Middle)					·									Officer (give title below)			pecify		
1000 URBAN CENTER DRIVE SUITE 501						3. Date of Earliest Transaction (Month/Day/Year) 08/07/2007								EVP and CFO					
,					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BIRMIN	GHAM A	L	35242										X Form fi	led by One		Ü			
(City)	(S	tate)	(Zip)		,								Form to Persor	iled by More	e than	One Repor	ting		
(,)						_						<i>-</i>							
		Tab	le I - Non	-Deriv	ative	_			quired, Di				ly Owned						
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						ar) E	2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Disposed Code (Instr. 5)		ities Acquire d Of (D) (Ins		Beneficia Owned F	es Fo ally (D) Following (I)	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)			
									uired, Dis , options,				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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)	Beneficial Ownership (Instr. 4)		
				c	Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares							
LTIP Units ⁽¹⁾	(1)	08/07/2007			A		75,000		(1)(2)	(1)	Common Stock, par value \$.001	75,000	\$0	75,000		D			

Explanation of Responses:

1. Represents units of limited partnership interest in MPT Operating Partnership, L.P. ("MPT OP"), of which the Issuer is the general partner, issued as long term incentive compensation pursuant to the Issuer's Second Amended and Restated 2004 Equity Incentive Plan. Conditioned upon minimum allocations to the capital accounts of the LTIP units for federal income tax purposes, each LTIP unit may be converted, at the election of the holder, into units of profits interests in MPT OP (a "Common Unit"). Each Common Unit acquired upon conversion of a LTIP Unit may be presented for redemption, at the election of the holder, for cash equal to the then fair market value of a share of the Issuer's Common Stock, except that the Issuer may, at its election, acquire each Common Unit so presented for one share of Common Stock. The rights to convert LTIP Units into Common Units and redeem Common Units do not have expiration dates.

2. LTIP Units vest ratably on March 8 of each year over seven years beginning March 8, 2008.

Philip Summerlin, by power of attorney

08/09/2007

** Signature of Reporting Person

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.