Edgar Filing: McKenzie William G - Form 4

McKenzie W Form 4	'illiam G											
January 06, 2	2009											
									PPROVAL			
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287			
Check this if no long subject to Section 10 Form 4 or	er STATEN 6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 20(b) of the Investment Company Act of 1040								Expires:January 31 2005Estimated average burden hours per response0.5		
Form 5 obligation may conti <i>See</i> Instru 1(b).	inue. Section 17(a											
(Print or Type R	Responses)											
McKenzie William G Symbol MEDIC.			Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) 3. Date of (Month/Da 1000 URBAN CENTER 01/02/20 DRIVE, SUITE 501 (Street) 4. If Amer			(Month/D	of Earliest Transaction Day/Year)				X_ Director 10% Owner Officer (give title Other (specify below) below)				
			ndment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
BIRMINGH	AM, AL 35242							Form filed by N Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)		Transaction Date 2A. Deemed onth/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or			Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
Common Stock, par value \$.001	01/02/2009			Code V A	Amount 10,901 (1)	(D) A	Price \$ 0	(Instr. 3 and 4) 245,631	D			

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

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 control number.

 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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	7. Title Amoun Underl Securit (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: McKenzie William G - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
McKenzie William G 1000 URBAN CENTER DRIVE SUITE 501 BIRMINGHAM, AL 35242	Х						
Signatures							
Philip Summerlin, by power of attorney	01/06/2009						
**Signature of Reporting Person		Date					

Explanation of Responses:

- * 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).
- Represents an award of restricted common stock under the Second Amended and Restated Medical Properties Trust, Inc. 2004 Equity Incentive Plan, which vests in seven quarterly amounts of 909 on the second day of each calendar quarter from April 2, 2009, through October 2, 2010, and in five quarterly amounts of 908 on the second day of each calendar quarter from January 2, 2011 through January 2, 2012.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.