Edgar Filing: Clarke Virginia A - Form 4

| Clarke Virgin Form 4 | | | | | | | | | | | |
|--|--|---|--|---|-------------|-----------|---|---|---|-----------|--|
| March 22, 20 | Л | D STATES | SECUR | ITIES AI | ND EXC | CHAN | NGE (| COMMISSION | | PPROVAL | |
| <i></i> | | | | hington, | | | | | Number: | 3235-0287 | |
| Check this if no longe subject to Section 16 Form 4 or | box T STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | Expires: January 3 200 Estimated average burden hours per response 0. | | |
| Form 5 obligation: may contin <i>See</i> Instruct 1(b). | s Section 1' nue. ction | 20(h) of the Investment Commons A of 1000 | | | | | | | | | |
| (Print or Type Ro | esponses) | | | | | | | | | | |
| Clarke Virginia A Syr MI | | | Symbol | 2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | INC [MPW] | | | | 51 | | | | |
| (Last) (First) (Middle) 3. Date of (Month/D 1000 URBAN CENTER 03/18/20 DRIVE, SUITE 501 | | | | | | | | X_Director10% Owner Officer (give titleOther (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 | 2 | | | | | | Form filed by M Person | More than One Ro | eporting | |
| (City) | (State) | (Zip) | Table | I - Non-De | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | |
| | | nsaction Date 2A. Deemed h/Day/Year) Execution Date, if any (Month/Day/Year) | | 3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5) | | | SecuritiesIBeneficiallyOOwnedIFollowingOReportedI | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code V | Amount | or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common stock, par value \$.001 | 03/18/2011 | | | A | 7,828 | A | \$ 0 | 64,096 | 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)

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| 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. Transactic Code (Instr. 8) | 5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Under Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|----------------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Clarke Virginia A 1000 URBAN CENTER DRIVE SUITE 501 BIRMINGHAM, AL 35242 | Х | | | | | | |
| Signatures | | | | | | | |
| Alison G. Schmidt, by power of attorney | 03/22/2011 | | | | | | |
| **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).

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.