Holmes Robert E Form 5 February 14, 2007

FORM 5

OMB APPROVAL

FURI	_								, OMB		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION							Number:	3235-0362			
Check the no longe		Washington, D.C. 20549					Expires:	January 31,			
to Section 16. Form 4 or Form 5 obligations may continue. ANNUAL STATEMENT OF CHOOSING OWNERSHIP OF STATEMENT OWNERSHIP OF STATEMENT OWNERSHIP OF STATEMENT OWNERSHIP OF STATEMENT OWNERSHIP OWNERS								Estimated burden hou	Estimated average burden hours per response 1.0		
See Instr 1(b). Form 3 I Reported Form 4 Transact Reported	Filed put Holdings Section 170 I	(a) of the I	Public U		ng Comp	any A	Act of				
1. Name and Address of Reporting Person * Holmes Robert E			2. Issuer Name and Ticker or Trading Symbol MEDICAL PROPERTIES TRUST INC [MPW]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2006			ded	_X_ Director 10% Owner Officer (give title Other (specify below)				
1000 URB DRIVE,Â	AN CENTER SUITE 501		12/31/	2000							
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting				
								(check applicable line)			
BIRMING	HAM, AL 352	242						_X_ Form Filed by Form Filed by Person			
(City)	(State)	(Zip)	Tal	ble I - Non-De	rivative Se	ecuriti	es Acq	uired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transaction Code (Instr. 8)	4. Securit Acquired Disposed (Instr. 3,	(A) or of (D) 4 and 5 (A) or)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Derivative	Expiration Date	Underlying Securities

(9-02)

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Month/Day/Year)		(Instr. 3 and 4)	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Deferred Stock Units (1)	\$ 10.15	03/15/2006	Â	J <u>(2)</u>	98.42	Â	05/18/2009	(3)	Common Stock, par value \$.001	98.42
Deferred Stock Units (1)	\$ 10.95	06/15/2006	Â	J <u>(2)</u>	225.01	Â	05/18/2009	(3)	Common Stock, par value \$.001	225.01
Deferred Stock Units (1)	\$ 13.14	09/14/2006	Â	J(2)	199.46	Â	05/18/2009	(3)	Common Stock, par value \$.001	199.46
Deferred Stock Units (1)	\$ 14.55	12/14/2006	Â	J(2)	190.76	Â	05/18/2009	(3)	Common Stock, par value \$.001	190.76

Reporting Owners

Reporting Owner Name / Address	Relationships						
F	Director	10% Owner	Officer	Othe			
Holmes Robert E 1000 URBAN CENTER DRIVE SUITE 501	ÂX	Â	Â	Â			
BIRMINGHAM, AL 35242							

Signatures

Philip Summerlin by power of attorney 02/14/2007

**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).
- (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.

Reporting Owners 2

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(3) The deferred stock units will not expire.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.