## Edgar Filing: MEDICAL PROPERTIES TRUST INC - Form 4

MEDICAL F Form 4	PROPERTIES	S TRUST IN	IC								
April 05, 201	16										
FORM	14									PPROVAL	
Washington, D.C. 20549								NOMB Number:	3235-0287		
Check this box if no longer							Expires: January 3				
-	subject to Section 16. SECURITIES						Estimated a burden hou	average Irs per			
Form 5		pursuant to	Section 16	b(a) of the	e Securiti	es Ez	cchang	ge Act of 1934,	response	0.5	
obligation may cont	ns Section	•					-	f 1935 or Sectio	on		
<i>See</i> Instru 1(b).		30(h)	) of the Inv	vestment	Company	y Act	of 19	40			
(Print or Type F	Responses)										
ORR L GLENN JR Symbol MEDI			Symbol MEDIC	EDICAL PROPERTIES TRUST				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			INC [MPW]					(ene			
(Last)	(First)	(Middle)		Earliest Tra	ansaction			X_ Director Officer (give		6 Owner er (specify	
P O BOX 5176 (Month/D 04/01/20				-				below) below)			
(Street) 4. If Am								6. Individual or Joint/Group Filing(Check Applicable Line)			
WINSTON	SALEM, NC	27113	(	,				_X_ Form filed by	One Reporting Po More than One Ro		
(City)	(State)	(Zip)	Table	I Non D	anivativa (		tion A a	quired, Disposed o	f or Donoficia	lly Owned	
1.Title of	2 Transaction	Date 2A. De		3.	4. Securi		lies Ac	5. Amount of	6. Ownership	•	
Security (Instr. 3)	2. Transaction (Month/Day/Y	Year) Executi any	ion Date, if /Day/Year)	Transactio Code (Instr. 8)	onAcquired Disposed	l (A) o l of (D	)	S. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownersnip Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				coue v		(D)	Thee				
stock, par value \$.001	04/01/2016			А	7,588 (1)	А	\$0	126,855	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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Tran (Inst
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ORR L GLENN JR							
P O BOX 5176	Х						
WINSTON SALEM, NC 27113							
Signatures							
Alison G. Schmidt, by power of attorney	04/05/2016						
**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) Shares vest ratably at the beginning of each of the 12 calendar quarters beginning April 1, 2016 and ending January 1, 2019.

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.