### Edgar Filing: HAMNER R STEVEN - Form 4

HAMNER R	STEVEN											
Form 4												
January 06, 2	2009											
FORM		CTATE	SECUD	TTIES A		TT A N		COMMERION		PPROVAL		
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549								OMB Number:	3235-0287			
Check thi	s box		vv as	migton,	D.C. 205	49				January 31		
if no long		MENT O	F CHAN	GES IN I	RENEFI	CIAI	OW	NERSHIP OF	Expires:	2005		
subject to Section 1				SECUR		CIII	1011		Estimated average burden hours per response 0.			
Form 4 or				bleek								
Form 5	Filed pu	rsuant to	Section 16	5(a) of the	e Securiti	es Ex	chang	e Act of 1934,	103001130	0.0		
obligation	<sup>18</sup> Section 17						U U	f 1935 or Section	n			
may conti <i>See</i> Instru		30(h)	of the Inv	vestment	Company	Act	of 194	40				
1(b).												
(Print or Type R	Responses)											
1 Name and A	ddress of Reporting	Person *	2.1	N	т., 1 л			5 Relationship of	Reporting Per	son(s) to		
1. Name and Address of Reporting Person *       2. Issue         HAMNER R STEVEN       Symbol         MEDIC       INC [M				Name and	Ticker or 1	rading	5	5. Relationship of Reporting Person(s) to Issuer				
					PERTIES	TRI	TZ					
					LITILS	INC	51	(Check all applicable)				
(Last)	(First) (	Middle)	3. Date of Earliest TransactionX Directo					X Director	10% Owner			
(Eust)	(1150)	(filledic)						X Officer (give title Other (specify				
		01/02/2009					below) below) EVP and CFO					
	(Street)											
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
								_X_ Form filed by One Reporting Person				
								Form filed by More than One Reporting				
								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	2. Transaction Da			3.				5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year	on Date, if Transaction(A) or Disposed of Code (D)				of	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial			
(Insu. 5)		•	any (Month/Day/Year)		(Instr. 8) (Instr. 3, 4 and 5)			Owned	Indirect (I)	Ownership (Instr. 4)		
							Following	(Instr. 4)				
						(A)		Reported Transaction(s)				
						or		(Instr. 3 and 4)				
Comment				Code V	Amount	(D)	Price	(				
Common Stock per	01/02/2000			٨	83,576	٨	¢ 0	555 460	D			
Stock, par value \$.001	01/02/2009			А	(1)	А	\$0	555,469	D			
value \$.001												

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)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 3	ction (8) 1 ( ( 1 ( (	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			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				
HAMNER R STEVEN								
	Х		EVP and CFO					
o								

## Signatures

Philip Summerlin, by power of 01/06/2009 attorney

\*\*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. Equity Incentive (1) Plan, which vests in eight quarterly amounts of 6,965 on the second day of each calendar quarter from April 2, 2009 through January 2, 2011, and in four quarterly amounts of 6,964 on the second day of each calendar quarter from April 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.