Edgar Filing: McKenzie William G - Form 4

McKenzie V Form 4												
January 03,											PROVAL	
FORM	A 4 UNITED	STATES						ANGE CO	OMMISSION	OMB		
Check tl	his box		Wa	shingto	on,	D.C. 20)549			Number:	3235-0287	
if no longer subject to Section 16. Form 4 or		TEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES I pursuant to Section 16(a) of the Securities Exchange Act of 1934,								Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5		
may cor <i>See</i> Inst 1(b).	ntinue. Section 17			•		•	-	t of 1940	1935 or Section			
(Print or Type	Responses)											
McKenzie William G Sy M			Symbol	er Name a]	5. Relationship of Reporting Person(s) to Issuer			
			MEDICAL PROPERTIES TRUST INC [MPW]						(Check all applicable)			
				te of Earliest Transaction th/Day/Year)				· · i	XDirector10% Owner Officer (give titleOther (specify below)below)			
DRIVE, SU			12/31/2	2012								
				nendment, Date Original Ionth/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 			
BIRMING	HAM, AL 35242							i	Person	ore than one Ke	porting	
(City)	(State)	(Zip)	Tab	ole I - Nor	n-Do	erivative	Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)		ransaction Date 2A. Deemed onth/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired (A Transactiomr Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common stock, par value \$0.001	12/31/2012			S	ļ	9,400	D	\$ 11.89	80,066	D		
Common stock, par value \$0.001	12/31/2012			S	(600	D	\$ 11.8901	79,466	D		
Common stock, par value	12/31/2012			S	,	700	D	\$ 11.891	78,766	D		

\$0.001							
Common stock, par value \$0.001	12/31/2012	S	500	D	\$ 11.8915	78,266	D
Common stock, par value \$0.001	12/31/2012	S	1,100	D	\$ 11.8925	77,166	D
Common stock, par value \$0.001	12/31/2012	S	1,200	D	\$ 11.895	75,966	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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	Number	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	'Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
				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				
McKenzie William G 1000 URBAN CENTER DRIVE SUITE 501 BIRMINGHAM, AL 35242	Х							

Signatures

Alison G. Schmidt, by power of attorney

01/03/2013

**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.