Clarke Virginia A Form 5 February 12, 2009

FORM 5

OMB APPROVAL

FORM	/I 5						OIVID 7	II I IIO VAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION								3235-0362	
Check the no longe			wa	isnington, 1	J.C. 20549		Expires:	January 31, 2005	
to Section Form 4 con 5 obligate may con	or Form ANN ions tinue.	ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						average urs per . 1.0	
See Instr 1(b). Form 3 I Reported Form 4 Transact Reported	Filed pur Holdings Section 17((a) of the Pu	ublic U	Itility Holdi	Securities Excha ng Company Act Company Act of 1	of 1935 or Section			
1. Name and Address of Reporting Person * Clarke Virginia A			Symbol	CAL PROP	cker or Trading	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) ((3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2008			_X_ Director Officer (gives below)	tive title 10% Owner Other (specify below)		
1000 URB DRIVE,Â	AN CENTER SUITE 501		12/31/2	2000					
(Street)				endment, Date onth/Day/Year)	· Original	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)	Tab	ole I - Non-De	rivative Securities A	cquired, Disposed	of, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day)	ate, if	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year	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.

Persons who respond to the collection of information SEC 2270 contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(Instr. 3 and 4)

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	6. Date Exercisable and	7. Title and Amount of	8.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	of	Expiration Date	Underlying Securities	D

or

Amount (D) Price

(9-02)

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		4)	Sec (Ins	
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Stock Units (1)	\$ 12.08	03/13/2008	Â	J <u>(2)</u>	252	Â	05/18/2009	(3)	Common Stock, par value \$.001	252	\$
Deferred Stock Units (1)	\$ 12.12	06/13/2008	Â	J(2)	257	Â	05/18/2009	(3)	Common Stock, par value \$.001	257	\$
Deferred Stock Units (1)	\$ 11.08	09/18/2008	Â	J(2)	288	Â	05/18/2009	(3)	Common Stock, par value \$.001	288	\$
Deferred Stock Units (1)	\$ 6.26	12/23/2008	Â	J <u>(2)</u>	386	Â	05/18/2009	(3)	Common Stock, par value \$.001	386	\$

Reporting Owners

Reporting Owner Name / Address	Relationships						
r	Director	10% Owner	Officer	Othe			
Clarke Virginia A 1000 URBAN CENTER DRIVE SUITE 501 BIRMINGHAM, AL 35242	ÂX	Â	Â	Â			

Signatures

Philip Summerlin, by power of attorney 02/12/2009

**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 the rights to receive common stock by May, 2009.

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- (2) The transaction represents additional deferred stock units in lieu of cash dividends on vested deferred stock units as required by the Second Amended and Restated Medical Properties Trust 2004 Equity Incentive Plan.
- (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.