

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549**

FORM 8-K

**CURRENT REPORT
PURSUANT TO SECTION 13 OR 15(d)
OF THE SECURITIES EXCHANGE ACT OF 1934**

Date of Report (Date of earliest event reported): March 23, 2020

MEDICAL PROPERTIES TRUST, INC.
(Exact Name of Registrant as Specified in Charter)

Maryland
(State or other jurisdiction of
incorporation or organization)

001-32559
(Commission
File Number)

20-0191742
(I.R.S. Employer
Identification No.)

1000 Urban Center Drive, Suite 501
Birmingham, AL
(Address of principal executive offices)

35242
(Zip Code)

Registrant's telephone number, including area code: (205) 969-3755

N/A
(Former name or former address, if changed since last report.)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Securities Act:

Title of each class	Trading Symbol	Name of each exchange on which registered
Common Stock, par value \$0.001 per share, of Medical Properties Trust, Inc.	MPW	The New York Stock Exchange

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Item 7.01. Regulation FD Disclosure.

On March 23, 2020, Medical Properties Trust, Inc. (the “Company”) made available on the homepage of its website, www.medicalproptiestrust.com, a statement from the Chief Executive Officer of the Company regarding the ongoing COVID-19 pandemic. The statement is attached as Exhibit 99.1 hereto.

The information set forth in this Item 7.01 and in the attached Exhibit 99.1 is being “furnished” and shall not be deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), or otherwise subject to the liabilities of Section 18, nor shall it be deemed incorporated by reference into any filing of the Company under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such filing.

Item 9.01. Financial Statements and Exhibits.(d) Exhibits

<u>Exhibit No.</u>	<u>Description</u>
99.1	Statement from Chief Executive Officer dated March 23, 2020
101.SCH	Inline XBRL Taxonomy Extension Schema
101.CAL	Inline XBRL Extension Calculation Linkbase
101.LAB	Inline XBRL Extension Labels Linkbase
101.PRE	Inline XBRL Taxonomy Extension Presentation Linkbase
101.DEF	Inline XBRL Taxonomy Extension Definition Linkbase
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Exchange Act, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

MEDICAL PROPERTIES TRUST, INC.

By: /s/ R. Steven Hamner
Name: R. Steven Hamner
Title: Executive Vice President and Chief Financial
Officer

Date: March 23, 2020

STATEMENT FROM OUR CEO ON THE COVID-19 PANDEMIC

The world has been hit with an unprecedented situation with the coronavirus (COVID-19) pandemic. Hospitals around the world are stepping up to the challenge and seeking to meet the urgent healthcare needs created by this pandemic.

Medical Properties Trust owns hospitals in some of the hardest hit countries in Europe and, of course, throughout the United States. We are in frequent direct contact with our largest tenants in these regions. In Italy and Spain, our operators are working with the respective governments to make their beds available primarily to treat non-COVID-19 patients, thereby freeing space in other hospitals. Some of these operators also have a small number of COVID-19 patients at this time. We also own interests in hospitals in Switzerland, another hard hit country. Similar to other European governments, Swiss officials have already established significant additional hospital funding to help pay for the treatment of COVID-19 patients there.

In addition, we own 40 hospitals in the United Kingdom, although our operators there are not yet treating many COVID-19 patients. However, as with the other major private hospitals in the United Kingdom, these operators have reached an agreement with the UK government to provide various services under the direction of the NHS and will be reimbursed their cost.

In every locale our hospitals are in, governments recognize the need for the funding of hospitals for the benefit of their citizens. Here in the United States, our operators are working closely with the Centers for Medicare & Medicaid Services and The U.S. Department of Health and Human Services to meet the needs of the people in our country. They all stand ready to help with any influx of COVID-19 patients or with other patients that have been displaced by COVID-19.

At this time in the United States, hospitals are aggressively deferring non-critical surgeries and treatments to make beds available for a substantial increase in COVID-19 patients. This is what Federal and state governments have requested and our operators have responded. The effect of deferring these treatments is immediate, and includes temporary reduction of revenue. However, the spike in COVID-19 patients for whom those beds have been emptied has not yet occurred and therefore the revenue that would be expected to replace revenue from deferred non-critical patients has not been received. Also, when COVID-19 patients do begin to be admitted, hospitals will have immediate cash needs for the physicians, nurses, equipment, drugs, and supplies that this particular illness is expected to require. Accordingly, the hospital industry is likely to need to draw on cash reserves and government support to “bridge” this disruption in their cash flows.

It is not possible to accurately predict when these expected changes in volumes and patient mix and spikes in cash needs will occur. Certain hospitals may be temporarily challenged in matching patient and other revenue to their immediate cash needs. If this does occur, we would expect normal patient volumes to recover after the world proceeds through the worst of the pandemic. At present there is no certainty about any government financial support to assist hospitals through the pandemic, including for the potential cash flow disruptions resulting from the current deferral by hospitals of non-critical procedures.

Hospitals remain at the center of the delivery system of healthcare in the United States and across the world. Hospitals will play a critical part in getting the world past this crisis and will demonstrate for future generations the irreplaceable role they play in keeping the world safe. We are grateful for the dedication and tireless efforts of all of the employees of our operators in helping to take care of the people of the world.

**Edward K. Aldag, Jr.
Chairman, President and CEO**