FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| OMB APPROVAL | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | |
| Estimated average b | urden | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | |
|--------------------------|---------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | | |
| | hours per response: | 0.5 | | | | | | | |
| L | | | | | | | | | |

| 1. Name and Address of Reporting Person NADER MARGUERITE M (Last) (First) (Middle) 2S601 AVENUE LA TOURS | | | | | | EQUITY LIFESTYLE PROPERTIES INC [ELS] 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2011 | | | | | | | | | | all app Direct Office below | olicable) ctor er (give title v) | | Owner (specify v) | |
|---|--|---|------------|--|------------|---|---|-------------------------|---------|---|---------|--|---|--|----------------------|---|---|---|---|--|
| (Street) OAK BROOK IL 60523 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indiv ine) X | Form Form | rial or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tal | ole I - No | n-Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Bene | efici | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Disposed Code (Instr. 5) | | ities Acquired (A) or d Of (D) (Instr. 3, 4 and | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | A) or D) | Price | Trans | | action(s) 3 and 4) | | (111501.4) | |
| Series A Cumulative Redeemable Perpetual Preferred Stock | | | | 03/01 | 03/01/2011 | | | | P | | 16,000 | 16,000 | | \$24 | .75 | 1 | 6,000 | D | | |
| Common Stock, par value \$.01 | | | | | | | | | | | | | | | | 860.708 | | I | 401-k | |
| Common Stock, par value \$.01 | | | | | | | | | | | | | | | 23,308 | | D | | | |
| | 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 | if any | ution Date, th/Day/Year) Transaction Code (Instr. 8) Transaction Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | rative rities ired r osed) | 6. Date Expiration (Month/D | Amount of Securities | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |

Explanation of Responses:

Remarks:

Mary Jo Kucera by Power of **Attorney for Marguerite Nader** ** Signature of Reporting Person

03/03/2011

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

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 Number.