Instruction 1(b)

Form 2 Holdings Paparted

FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D. | C. | 20549 |
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| ANNUAL STATEMENT OF CHANGES IN BENEFICIAL | | | | | | | |
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| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 1.0 | | | | | | | |

| Form 3 holdings Reported. | | | | | | | | | | | | | | | | | |
|--|--|--|---|--|--|---------------------------------------|--------------------------------------|---|---------------------|---|---|------------|--|---|-------------|---|---------------------------------------|
| Form 4 Transactions Reported. Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | | | | | | | |
| 1. Name and Address of Reporting Person* NADER MARGUERITE M (Last) (First) (Middle) 2S601 AVENUE LA TOURS | | | | 2. Issuer Name and Ticker or Trading Symbol EQUITY LIFESTYLE PROPERTIES INC [ELS] 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2012 | | | | | | INC (| 5. Relationship of Reporting Po Check all applicable) Director X Officer (give title below) CFO | | | | 10% Othe | Owner r (specify | |
| (Street) OAK BR (City) | 4. If Amendment, Date of 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 | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) or Dispos | | | | sed 5. Amo Securit Benefic | | es | 6. Ownership Form: Direct (D) or | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Amou | nt | (A) or (D) Price | | Issuer's Fiscal Year (Instr. 3 and 4) | | | Indirect (I) (Instr. 4) | | (Instr. 4) | |
| Common Stock, par value \$.01 | | | | | | | | | | | | 827.593(1) | | | I | 401-K | |
| Common Stock, par value \$.01 | | | | | | | | | | 18,979 | | ,979 | | D | | | |
| Depositary Shares | | | | | | | | | | | 16,000 | | | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5 | rative rities ired r osed | Expira (Mont | Date Exercisable and Expiration Date Month/Day/Year) Date Expiration Date Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amou or Numb of Title Share: | | De Se | 8. Price of Derivative Security (Instr. 5) (Instr. 5) 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |

Explanation of Responses:

 $1. \ Share \ balance \ reflects \ sale \ of \ 11.442 \ shares \ in \ non-discretionary \ transactions \ to \ pay \ plan \ fees.$

Remarks:

Mary Jo Kucera by Power of Attorney for Marguerite Nader

02/01/2013

** Signature of Reporting Person

Date

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.