FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | | |

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

37 hours per response: 0.5

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|--|---|--|---|----------|------------|--|---------|----------|---|---|--|---|--|----------------------|---|---|---|---|---|--|--|
| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol EQUITY LIFESTYLE PROPERTIES INC | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| WALKER HOWARD | | | | | | [ELS] | | | | | | | | | X Director | | | | 10% C | wner | |
| (Last) | (Fii | rst) (| Middle) | | | | ı | | | | | | | | X | Offic belov | er (give title v) | | Other below) | (specify | |
| TWO NORTH RIVERSIDE PLAZA | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | Vi | ce Chairma | n of the Board | | | |
| SUITE 800 | | | | | 02/ | 02/28/2005 | | | | | | | | | | | | | | | |
| SUITE 600 | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | - 4. 11 | Ame | numeni | , Dale C | n Ongina | rileu | ים (וווווווווווווווווווווווווווווווווווו | ау/ теа | u) | | ine) | iuuai u | i Joini/Group | rillig (| SHECK A | phiicanie | |
| CHICAG | O IL | ϵ | 50606 | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| | | | | | . | | | | | | | | | | Form filed by More than One Reporting | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | Pers | on | | | | |
| | | Tabl | lo I No | n Doris | rativo | So | ouritie |)c | auirod | Dic | posed o | of or | Pon | ofici | ally (|)wn/ | | | | | |
| | | | - 140 | | | _ | | | 1 | D13 | 1 | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month. | | | | Date | | ction 2A. Deemed Execution D ay/Year) if any (Month/Day | | n Date, | 3. Transaction Code (Instr. 8) | | | | | | nd | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | v | Amount | (| A) or D) | Price | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | |
| Common Stock, par value \$.01 02 | | | | 02/28 | 02/28/2005 | | | | J | | 120.26 | 6 | A | \$33.96 | | 1,199.3 | |] | | by 401K / IRA | |
| Common Stock, par value \$.01 | | | | | | | | | | | | | | | | 2 | 3,928 | I |) | | |
| Common Stock, par value \$.01 | | | | | | | | | | | | | | | | 2 | 20,000 |] | | *(1) | |
| | | Та | | | | | | | | | sed of, | | | | | vned | | | | | |
| | | | | (e.g., p | uts, c | alls | , warr | ants, | option | s, c | onvertib | le se | ecuri | ties) |) | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | | ransaction ode (Instr. | | of | | 6. Date Exercis Expiration Date (Month/Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | ıstr. 3 | Deriv Secu | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owi For Dire or li (I) (I | nership n: oct (D) ndirect nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nui of | ount mber ares | | | | | | | |

Explanation of Responses:

1. Shares reported herein are beneficially owned by The Security Trust Company as Trustee of the Manufactured Home Communities, Inc. Supplemental Employees Retirement Plan for the benefit of the Reporting Person.

> By: Jennifer L. Usher, by Power of Atty. For: Howard

03/01/2005

Walker

** 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.