FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APE | PROVAL |
|-------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average | burden |

0.5

hours per response:

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

| 1. Name and Address of Reporting Person* DOBROWSKI THOMAS E | | | | | EC | 2. Issuer Name and Ticker or Trading Symbol EQUITY LIFESTYLE PROPERTIES INC | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|--|-------|-------------------|--|---------|--|--|-----------------------|---|---------|-------------------|---|-------------|-------|---|--|---|--|---------------|--|
| (Last) (First) (Middle) 117 YORK AVENUE | | | | | 3. D | 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2008 | | | | | | | | | | Officer (give title below) | | Other below | (specify) | |
| (Street) SPRING LAKE NJ 07762 | | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individue) | ′ | | | |
| (City) | | (Stat | | Zip) | | | | | | | | | | | | | | | | |
| | | | Tabl | e I - Noi | า-Deriv | ative | Se | curitie | es Ac | quired, | Dis | posed o | f, or | Ben | eficia | lly C | wned | <u></u> | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Disposed Code (Instr. 5) | | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount (A) or (D) | | A) or D) | Price | 1 | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common | Stock, pa | ar va | lue \$.01 | lue \$.01 05/01/2008 I 9 A \$42.02 6,278 D | | | | | | | D | | | | | | | | | |
| | | | Та | | | | | | | | | sed of, onvertib | | | | Ow | ned | | | |
| 1. Title of Derivative Security (Instr. 3) | ative Conversion Date Execution Date or Exercise (Month/Day/Year) if any | | Date, ay/Year) | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiratio (Month/D | 5. Date Exercisable and Expiration Date Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | ative dity S 5) E C F | Number of lerivative securities seneficially Dwned collowing Reported fransaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

By: Ellen Kelleher by Power of

Attorney For: Thomas

<u>Dobrowski</u>

** Signature of Reporting Person Date

05/01/2008

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.