FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

		Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
ſ	1 N	ame and Address of Reporting Pers

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person* WALKER HOWARD				2. IS EC	2. Issuer Name and Ticker or Trading Symbol EOUITY LIFESTYLE PROPERTIES INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
WALKER HUWARD				ΙŒ	[ELS]									Director		10% Owner		wner		
(Last) (First) (Middle)					[220]									Offic belov	er (give title v)		Other (specify below)			
TWO NO	ORTH RIVE	ERSIDE PLAZA				3. Date of Earliest Transaction (Month/Day/Year)									Vice Chairman of the Board					
SUITE 80	00				11/	11/01/2005														
JUILE	00				4 16	Amon	dmont	Data	of Origin	ol File	d (Month/Do	w/Voor)		C. la dividual en Triat/Oneuro Filia y (Obsello C. U						
(Street)					- 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	ndividual or Joint/Group Filing (Check Applicable					
CHICAG	O IL	6	60606											X	Forn	n filed by One	Reporting	Pers	on	
Cilicito	IC IL		0000												Form filed by More than One Reporting					
(Oit)	(0)	-+-> (7: \		-										Pers	on				
(City)	(51	ate) (Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day.					Execution Date,		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			nd 5) Securi Benefi Owned		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Repor Trans (Instr.	action(s) 3 and 4)			(Instr. 4)	
Common Stock, par value \$.01 11/01/20						005		S		11,900	D	\$40	.6357 1		88,191	I		*(1)		
Common Stock, par value \$.01																4,810	D			
Common Stock, par value \$.01																1,079	I		by 401K / IRA	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of	2.	3. Transaction	3A Dee	· • · ·	4.	,	_				isable and			_	rice of	9. Number o	f 10.		11. Nature	
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				Transa	Transaction of Code (Instr. S) Science (A) Code (Instr. Science (A) Code (Instr. Science (A) Code (Instruction (Instructio		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ion Da	ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Der Sec (Ins	vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares							

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: David W. Fell, by Power of 11/02/2005 Atty. For: Howard 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.