FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DC | 20549 | |
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| wasiiiigton, | D.C. | 20049 | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average bu | urden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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* Freedman Constance (Last) (First) (Middle) C/O EQUITY LIFESTYLE PROPERTIES, INC. TWO NORTH RIVERSIDE PLAZA, SUITE 800 | | | | | EQ [EI | 2. Issuer Name and Ticker or Trading Symbol EQUITY LIFESTYLE PROPERTIES INC [ELS] 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2021 | | | | | | | | | heck all X C | applio Directo | cable) or (give title | g Pen | son(s) to Is 10% O Other (below) | wner |
|--|---|--|--|--------|---|--|------|---|-------------------|--|--------------------|------------------------------------|------------------------------|---|------------------------------------|--|---------------------------------------|--|--|------------|
| (Street) CHICAC | GO IL | tate) | 60606 (Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Liı | 6. Individual or Joint/Group Filing (Check Applicabl 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 2. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature | | | | | | | | | | | | | 7. Nature | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Dis | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Secu Bene Own | | rities ficially ed Following | | n: Direct or Indirect nstr. 4) | of Indirect Beneficial Ownership | | |
| | | | | | | | (, | | Code | v | Amount | : | (A) or (D) | | Tr | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common | Stock, par | value \$.01 | | 10/01/ | ./2021 | | | | A ⁽¹⁾ | | 244 | 1 | A \$ | | 39 | 4, | 888 | | D | |
| | | Т | able II - | | | | | | | | | | | | | ned | | | | |
| 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/Da | ed 4 | 4. Transac | ansaction of Ex | | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title an Amount o Securities Underlyin Derivative (Instr. 3 ar | | itle and ount of urities lerlying ivative S | Security | 8. Pri Deriv Secui (Instr | ative rity | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | | Amount or Number of Shares | | | | | | |
| Non- Qualified Stock Option (Right to Buy) | \$66.81 | | | | | | | | 01/28/20: | 21 | 07/28/2030 | Sto par v | nmon ock, value .01 | 7,485 | | | 7,485 | | D | |
| Non- Qualified Stock Option (Right to Buy) | \$66.81 | | | | | | | | 07/28/20: | 21 | 07/28/2030 | Sto | nmon ock, value .01 | 1,120 | | | 8,605 | | D | |
| Non- Qualified Stock Option (Right to Buy) | \$68.74 | | | | | | | | 10/27/20: | 21 | 04/27/2031 | Sto | nmon ock, value .01 | 7,275 | | | 15,880 |) | D | |
| Non- Qualified Stock Option (Right to | \$68.74 | | | | | | | | 04/27/20 | 22 | 04/27/2031 | Sto | nmon ock, value .01 | 1,090 | | | 16,970 |) | D | |

Explanation of Responses:

Represents shares acquired through ELS' Employee Stock Purchase Plan

Remarks:

<u>Jennifer Krebs by Power of Attorney for Constance</u>

10/05/2021

<u>Freedman</u>

** Signature of Reporting Person

Date

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

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.

^{*} 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).