FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

inigion, D.C. 20349	OMB APPROVAL

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## 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*  ZELL SAMUEL  (Last) (First) (Middle)  TWO N RIVERSIDE PLAZA SUITE 600					<u>E</u> 	Issuer Name and Ticker or Trading Symbol EQUITY LIFESTYLE PROPERTIES INC [ els ]      Date of Earliest Transaction (Month/Day/Year) 10/25/2005								Ck all application  Officer (below)	able)	X 10% Over the Board		vner
(Street) CHICA(	GO II	State)	60606 (Zip)		_ 1	10/25/2005  Line)  X Form file  Form file  Person									oint/Group Filing (Check Applicable led by One Reporting Person led by More than One Reporting			
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					saction	2 ar) if	2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Sec		4. Securitie	s Acquired	(A) or	5. Amour Securitie Beneficia Owned F	s ally following	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	d tion(s)			
Common	Stock, par	value \$.01 <sup>(1)</sup>		10/2	25/200	5			М		50,000	A	\$9.5	101	,334	D		
Common	ommon Stock, par value \$.01			05/12/2009					A		2,000	A	\$38.16	439,091(2)		D		
Common Stock, par value \$.01				08/0	08/05/2009						100,000	) A	\$17.5	539,091(2)		D		
Common	Stock, par	value \$.01	\$.01		3/05/2009				M		100,000	) A	\$15.687	639,091(2)			D	
			Table II								posed of, converti			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Execution if any	BA. Deemed Execution Date, f any Month/Day/Year)		action Instr.	n Derivative		6. Date Expirati (Month/	ion Da		and 7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares	or Number				
Non- Qualified Stock Option (Right to Buy)	\$9.5	10/25/2005			M			50,000	12/29/1	.998	12/29/2005	Common Stock, par value \$.01 <sup>(1)</sup>	50,000	\$9.5	0		D	
Non- Qualified Stock Option (Right to Buy)	\$17.5	08/05/2009			М			100,000	12/01/2	2003	12/01/2010	Common Stock, par value \$.01	100,000	\$17.5	0		D	
Non-												Common						

## **Explanation of Responses:**

\$15.6875

Stock

Buy)

Option (Right to

1. This amendment is being filed to report that on 10/25/05 Mr. Zell exercised 50,000 Non-Qualified Stocks Options which converted to "Common Stock, par value \$.01" not "Common Stock" as previously reported. Due to administrative error the number of securities beneficially owned by Mr. Zell was incorrectly reported on the Form 4, which was filed on 10/25/05, as well as subsequent filings. This Form 4/A reflects the correct number of units beneficially owned by Mr. Zell.

100,000

2. This amendment is being filed to report that due to administrative error, the number of securities beneficially owned by Mr. Zell was incorrectly reported on the Form 4. This Form 4/A reflects the correct number of units beneficially owned by Mr. Zell.

12/01/2002

Mary Jo Kucera by Power of **Attorney for Samuel Zell** 

100,000

\$15.6875

Stock,

par value \$.01

12/01/2009

08/12/2009

\*\* 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).

08/05/2009

\*\* 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.