SEC For		4		ר פדע		2 61		ודוכ			УСЦ А	NG									
FORM 4 UNITED STA						TES SECURITIES AND EXCHANGE CON Washington, D.C. 20549											OMB APPROVAL				
	this box if no lo	NT	NT OF CHANGES IN BENEFICIAL OWNE										JULE I		MB Number: 3235-0287 stimated average burden						
Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).									(a) of the Sec e Investment	hours per response: 0.5											
1. Name and Address of Reporting Person* Freedman Constance															5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									Officer (give title Other (specify below) below)						
C/O EQUITY LIFESTYLE PROPERTIES, INC. TWO NORTH RIVERSIDE PLAZA, SUITE 800						/26/2	022		×			6 10	6. Individual or Joint/Group Filing (Check Applicable								
(Street) CHICAGO IL 60606															Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City) (State) (Zip)																Person					
		Tab	ole I - Nor	n-Deriv	vative	e Se	curitie	es A	cquired, [Dis	posed o	f, or	Bene	ficiall	y Owned						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ear)	2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr.		Disposed Of (es Acquired (A) or Of (D) (Instr. 3, 4 a		5. Amour Securitie Beneficia Owned F Reported	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	Transact (Instr. 3 a	tion(s)			(Instr. 4)		
Common Stock, par value \$.01															5,383		D				
		-							quired, Di s, options						Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisat Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title		mount r lumber f hares							
Non- Qualified Stock Option (Right to Buy)	\$66.81								01/28/2021 ⁽¹) (7/28/2030	Com Sto par v \$.(ck, alue	7,485		7,485	5	D			
Non- Qualified Stock Option (Right to Buy)	\$ 66.81								07/28/2021	0	7/28/2030	Com Sto par v \$.(ck, alue	1,120		8,605	5	D			
Non- Qualified Stock Option (Right to Buy)	\$ 68.74								10/27/2021 ⁽²	^{.)} 0	4/27/2031	Com Sto par v \$.(ck, alue	7,275		15,88	0	D			
Non- Qualified Stock Option (Right to Buy)	\$ 68.74								04/27/2022	0	4/27/2031	Com Sto par v \$.0	ck, alue	1,090		16,97	0	D			
Non- Qualified Stock Option (Right to Buy)	\$79.72	04/26/2022			A		6,270		10/26/2022 ⁽³) (4/26/2032	Com Sto par v \$.0	ck, alue	6,270	\$0	23,24	0	D			
Non- Qualified Stock Option (Right to Buy)	\$79.72	04/26/2022			A		940		04/26/2023	0	4/26/2032	Com Sto par v \$.0	ck, alue	940	\$0	24,18	0	D			

Explanation of Responses:

1. 1/3 of this option grant vested on 1/28/21, 1/3 of this option grant vested on 7/28/21, and the remaining 1/3 is exercisable on 7/28/22

2. 1/3 of this option grant vested on 10/27/21, 1/3 of this option grant vested on 4/27/22, and the remaining 1/3 is exercisable on 4/27/23

3. Options reported herein are exercisable 1/3 on 10/26/22, 1/3 on 4/26/23, and 1/3 on 4/26/24

Remarks:

Jennifer Krebs by Power of Attorney for Constance 04/28/2022

Freedman

** 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.