FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO)VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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	Sec	tion 30	(h) of tl	ne Investr	nent	Cor	npany 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				EC	2. Issuer Name and Ticker or Trading Symbol EQUITY LIFESTYLE PROPERTIES INC [ELS]										tionship all appli Directo	•) to Issuer 0% Owner	
				3. [Date		iest Tra	ansaction	(Mo	nth/l	Day/Year)			Officer (give title below)			Other (specify below)			
(Street)				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
CHICAC	GO IL	,	60606		_									Form filed by More than One Reporting Person						
(City) (State) (Zip)													1 613011							
		Tab	le I - No	n-Deri	vative	Se	ecuri	ies A	cquire	d, [Dis	posed o	of, or Be	nefic	ially (Owned	t			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					ay/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction D Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Securitie Benefici	. Amount of fecurities feneficially owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Cod	le \	v	Amount	nt (A) or (D)		e	Transac (Instr. 3	tion(s)			(1110411.4)	
Common	Stock, par	value \$.01		10/03	3/2022	2			A (1	l)		257	A \$		3.41	5,920		D		
		T	able II -										, or Ben ble secเ			wned				
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	n Date,	4. Transaction Code (Instr 8)		5. Number of		Expirat (Month	6. Date Exercisa Expiration Date (Month/Day/Yea		ble and 7. Title an		f g Securit	De: Sec (In:	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Securities Owned Following Reported Transactio (Instr. 4)	ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable		xpiration ate	Title	Amour or Number of Shares	er					
Non- Qualified Stock Option (Right to Buy)	\$66.81								01/28/2	2021	0,	7/28/2030	Common Stock, par value \$.01	7,48	5		7,485		D	
Non- Qualified Stock Option (Right to Buy)	\$66.81								07/28/2	2021	0.	7/28/2030	Common Stock, par value \$.01	1,120	0		8,605		D	
Non- Qualified Stock Option (Right to Buy)	\$ 68.74								10/27/2	2021	04	4/27/2031	Common Stock, par value \$.01	7,27	5		15,880)	D	
Non- Qualified Stock Option (Right to Buy)	\$ 68.74								04/27/2	2022	04	4/27/2031	Common Stock, par value \$.01	1,09	0		16,970)	D	
Non- Qualified Stock Option (Right to Buy)	\$79.72								10/26/2	2022	04	4/26/2032	Common Stock, par value \$.01	6,27	0		23,240)	D	
Non- Qualified Stock Option (Right to	\$79.72								04/26/2	2023	04	4/26/2032	Common Stock, par value \$.01	940			24,180)	D	

Explanation of Responses:

1. Represents shares acquired through ELS' Employee Stock Purchase Plan

Remarks:

** 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.