FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	ROVAL
OMB Number	2225.02

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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*					2. Issuer Name and Ticker or Trading Symbol EQUITY LIFESTYLE PROPERTIES INC							$_{ m NC}$	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
HENEGHAN THOMAS					[ELS]								X	X Director		10%	Owner	
(Last)	(Fi	rst) (Middle)		. [1								X	Officer (give title below)		Othe belo	er (specify w)	
TWO NORTH RIVERSIDE PLAZA				3. Date of Earliest Transaction (Month/Day/Year)								President and CEO						
				11/	11/21/2005													
SUITE 8	JU				4 14								C. Individual on Initationary Filips (Charles V. I.					
(Street)					- 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
CHICAG	O IL	6	60606											X	Forn	n filed by One	Reporting Pe	rson
																	e than One R	eporting
(City)	(C+	ate) (Zip)												Pers	on		
(City)	(31	ale) (<u> </u>															
		Tabl	e I - No	on-Deriv	ative/	Sec	uritie	s Ac	quired	d, Di	sposed o	f, or E	enefic	ially	Owne	ed		
1. Title of S	Security (Inst	r. 3)		2. Transac	tion					ties Acquired (A) or			5. Amount of		6. Ownership	7. Nature		
				Date (Month/Day/Year)			Execution Date, if any		Transaction D		Disposed Of (D) (Instr. 3, 4 a		nd 5) Securities Beneficially			Form: Direct (D) or Indirect	of Indirect Beneficial	
(inc			,			onth/Day/Year)		8)						Owned Following Reported		(I) (Instr. 4)	Ownership (Instr. 4)	
							Code	v	Amount	(A) oi (D)	Price		Trans	action(s) 3 and 4)		(1115411 4)		
										+ -			<u> </u>		_	. 40		
Common Stock, par value \$.01 11/21/20			2005)05		S		30,000	D	\$43	\$43.8774		39,993	I	*(1)			
Common Stock, par value \$.01													4	6,166	D			
Common Stock, par value \$.01														1.	201.89	I	by 401K	
Common Stock, par variae w.o.i																	Plan	
		Та	ble II -	Derivat	ive S	ecui	ities	Acau	ired.	Disp	osed of,	or Bei	neficia	llν Οι	vned			
											convertib							
1. Title of	2.	3. Transaction	3A. Dee	med	4.		5. Nu	mber	6. Date	Exerc	isable and	7. Title	and	8. Pı	ice of	9. Number o	f 10.	11. Nature
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Da	on Date,	e, Transa Code (I			of Derivative		tion Da /Day/\		Amount of Securities		Derivativ Security		derivative Securities	Ownershi Form:	of Indirect Beneficial
(Instr. 3) Price of (Mon				n/Day/Year) 8)) Securities Acquired (A) or		rities	(Month/Day/Year)			Underlying				Beneficially		Ownership
Derivative Security								Derivative Security (In:				3		Following	(I) (Instr. 4			
							Disposed of (D)					and 4)				Reported Transaction(s)	(s)	
						(Instr.										(Instr. 4)		
									Amoun		_							
													or				1	
								Date		Expiration		Number of				1		
		Code	ode V (A) (D)			Exercis	Exercisable Date		Title Shares		1			- 1				

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.

<u>By: Terry Termini, by Power of</u> <u>Atty. For: Thomas P. Heneghan</u> 11/22/2005

** 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.