FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Nashington,	D.C.	20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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) o	f the	Ínvestmen	t Co	mpany 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				<u>E0</u>	2. Issuer Name and Ticker or Trading Symbol EQUITY LIFESTYLE PROPERTIES INC [ ELS ]									Check all app  X Direct	ship of Reporting Fapplicable) rector		Person(s) to Issuer 10% Owner		
				3. [	3. Date of Earliest Transaction (Month/Day/Year) 02/01/2023										Officer (give title below)		Other (: below)	specify	
(Street) CHICAGO IL 60606				_	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City) (State) (Zip)														reis	JII				
		Tab	le I - No	n-Deri	vative	e Se	ecuri	ties	Ac	quired,	Dis	posed o	of, or Be	nefici	ally Owne	d			
Date				saction /Day/Year)		2A. Deemed Execution Date if any (Month/Day/Yea		e, Transaction Dispose Code (Instr. 5)		Disposed	rities Acquired (A) ed Of (D) (Instr. 3, 4		nd Securi Benefi Owned Report	cially I Following ed	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
C				02/0	00/04/000					Code	v	Amount	(A) or (D)	FIICE	(Instr.	Transaction(s) (Instr. 3 and 4)		D	
Common	Stock, par		ahle II		1/2023		·uriti			A <sup>(1)</sup>	ien	osed of	or Ben	\$54	ly Owned	5,234		D	
		<u>'</u>	abie II -							s, option									
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/Da	n Date,	4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A	) ([	<b>D</b> )	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares	r				
Non- Qualified Stock Option (Right to Buy)	\$66.81									01/28/202	1 0	7/28/2030	Common Stock, par value \$.01	7,485	i	7,485	5	D	
Non- Qualified Stock Option (Right to Buy)	\$66.81									07/28/202	1 0	7/28/2030	Common Stock, par value \$.01	1,120		8,605	5	D	
Non- Qualified Stock Option (Right to Buy)	\$68.74									10/27/202	1 0	4/27/2031	Common Stock, par value \$.01	7,275	;	15,88	0	D	
Non- Qualified Stock Option (Right to Buy)	\$68.74									04/27/2022	2 0	4/27/2031	Common Stock, par value \$.01	1,090		16,97	0	D	
Non- Qualified Stock Option (Right to Buy)	\$79.72									10/26/2022	2 0	4/26/2032	Common Stock, par value \$.01	6,270		23,24	0	D	
Non- Qualified Stock Option (Right to	\$79.72									04/26/2023	3 0	4/26/2032	Common Stock, par value \$.01	940		24,18	0	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.

- $^{\star}$  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.