FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

on, D.C. 20549	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 Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  CONTIS DAVID J				<u>E0</u>	2. Issuer Name and Ticker or Trading Symbol EQUITY LIFESTYLE PROPERTIES INC [ ELS ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner							
(Last) (First) (Middle)  C/O EQUITY LIFESTYLE PROPERTIES, INC  TWO NORTH RIVERSIDE PLAZA, SUITE 800					3. Date of Earliest Transaction (Month/Day/Year) 04/30/2019									er (give w)	title		other (s	specify		
(Street) CHICAG				4. 1	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)	(Sta	-	(Zip)																	
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			n	2A. Deemed Execution Date,		3. Trans	red, action (Instr.	4. Securities Disposed Of	5. Amount of			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership						
					Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)						
Common	Stock, par v	alue \$.01		04/30/20	19			A <sup>(1)</sup>		857	A	\$116.7	7	2,23	5	D	,			
Common Stock, par value \$.01			04/30/2019		)		<b>A</b> <sup>(2)</sup>		107	A	\$116.7	7	2,342		D					
Common Stock, par value \$.01			04/30/2019		)		A <sup>(3)</sup>		343	A	\$116.7	7	2,685		D					
Common Stock, par value \$.01		05/01/2019				G	V	595	D	\$0		2,090		D						
Common Stock, par value \$.01			05/01/2019		)		G	V	595	A	\$0		18,081		I		By Contis Family Trust			
Common Stock, par value \$.01			05/02/2019		)		G	V	411	D	\$0		1,679		D					
Common Stock, par value \$.01			05/02/2019		)		G	V	411	A	\$0		18,492		I		By Contis Family Trust			
Common Stock, par value \$.01														500		I		As custodian for grandchildren through UGMA <sup>(4)</sup>		
		Ta	able I	I - Derivat (e.g., pı	ive S	Securi calls,	ities Ac warran	quire ts, op	d, Di tions	sposed of, s, converti	or Be	neficia curities	illy (	Owned						
Derivative Conversion Date Security or Exercise (Month/Day/Year) if ar		Execu	Deemed 4. ution Date, Tran		s. Number of Derivativ Securitie Acquired (A) or Disposec of (D) (Instr. 3, and 5)		er 6. Exp ve (Mo	Date Ex	ercisable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivativ Security (Instr. 5)		9. Num derivat Securi Benefic Owned Follow Report Transa (Instr.	tive Own Forn icially d or In (I) (Ir ted action(s)		ship (D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
-volonotic -	of Respons				Code	v	(A) (E	Dat Date	e ercisab	Expiration le Date	Title	Amount or Number of Shares	1 1							

- $1.\ Grant\ of\ restricted\ stock\ subject\ to\ vesting\ as\ follows:\ 1/3\ on\ 10/30/19,\ 1/3\ on\ 4/30/20,\ and\ 1/3\ on\ 4/30/21$
- 2. Grant of restricted stock subject to vesting on  $4/30/20\,$
- 3. Grant of restricted stock subject to vesting as follows: 1/3 on 4/30/20, 1/3 on 4/30/21, and 1/3 on 4/30/22
- 4. Shares are held by Mr. Contis in custodial accounts for his grandchildren.

## Remarks:

Jennifer Krebs by Power of **Attorney for David Contis** 

05/02/2019

\*\* 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.