FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington,	D.C. 20549
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	STATEMENT OF	CHANGES IN	BENEFICIAL	OWNERSHIP
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OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average b	ourden							
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*				2. I E(2. Issuer Name and Ticker or Trading Symbol EQUITY LIFESTYLE PROPERTIES INC									Relationship of Reporting Person(s) to Issuer (Check all applicable)							
HENEGHAN THOMAS					ELS]								L X	Directo	•		10% Ov	/ner			
					- ELS J							→ x		(give title		Other (s	pecify				
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/01/2024									below)	hairman (of the	below) Board			
C/O EQUITY LIFESTYLE PROPERTIES, INC					<u> </u>								24		-	6. Individual or Joint/Group Filing (Check Applicable					
TWO NORTH RIVERSIDE PLAZA, SUITE 800				4.1	IT AM	enament,	Date	of Orig	jinai Fi	iiea ((Month/Day	y/ Year))	Line)		oint/Group	Filing	(Спеск Арр	olicable		
(Street)														X	Form fi	ed by One	Repo	rting Persor	۱		
CHICAC	GO II	J	60606										Form filed by More than One Reporting Person								
(City)	(S	tate)	(Zip)		Ri	ule	10b5-	1(c) Tra	nsa	cti	on Indi	catio	on							
					Ιп	Che	ck this box	to ind	dicate th	nat a tra	ansad	ction was ma	ade pur	rsuant t	o a contra	ct, instruction	or written p	olan tha	at is intended	to satisfy	
						the	affirmative	deten	se cond	ditions o	of Ru	le 10b5-1(c)). See I	nstructi	on 10.						
		Tal	ble I - Nor	n-Deriv	ativ	e Se	curitie	s A	cquir	ed, C	Disp		<u> </u>			Owned					
1. Title of	Security (Inst	tr. 3)		2. Trans Date		action							(A) or 3, 4 and	4 and Securities				7. Nature of Indirect			
				(Month/	Day/Y	Day/Year) if any (Month/Day/Yea				Code (Instr. 5)					Beneficia Owned F		(D) or (I) (In:		Beneficial Ownership		
							•	•	<u> </u>		v		(A) or			Reported Transact				Instr. 4)	
										ode	<u> </u>	Amount (D)	Price	(Instr. 3 a					
Common Stock, par value \$.01							\perp							101,636			D				
Common Stock, par value \$.01													298,980				By Spouse				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of		3. Transaction		\ \ \ \ \		, cai	5. Numi		' '				_			8. Price of	9. Numbe	. of	10.	11. Nature	
Derivative Security (Instr. 3)	ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any		ate, T	ransa ode (l		of Derivati Securiti Acquire (A) or Dispose of (D) (I 3, 4 and	ve es d ed nstr.	6. Date Exercis Expiration Dat (Month/Day/Ye			e of S un De		7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
															Amount						
									Date			Expiration		i	Number of						
				c	ode	v	(A)	(D)		isable		ate	Title		Shares						
Non- Qualified Stock Option (Right to Buy)	\$60.29	05/01/2024			A		14,930		05/01/	/2025 ⁽¹	1) (05/01/2034	Comr Stoo par va \$.0	ck, alue	14,930	\$0	14,93	0	D		
Non- Qualified Stock Option (Right to	\$60.29	05/01/2024			A		1,660		05/01/	/2025 ⁽¹	1) (05/01/2034	Comr Stoc par va \$.0	ck, alue	1,660	\$0	16,59	0	D		

Explanation of Responses:

1. Options reported herein are exercisable 1/3 on 5/1/25, 1/3 on 5/1/26, and 1/3 on 4/30/27

Remarks:

Jennifer Krebs by Power of Attorney for Thomas Heneghan

05/03/2024

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).