FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL						
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	Sect	tion 30	h) of the	ne Invest	ment (Com	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	Issuer Name and Ticker or Trading Symbol EQUITY LIFESTYLE PROPERTIES INC [ELS] Date of Earliest Transaction (Month/Day/Year) 05/02/2022									5. Relati Check a	all applic Directo	•		son(s) to Issuer			
				3. [Officer (give title below)		Other (s below)		specify		
(Street) CHICAGO IL 60606				_ 4. I1	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							
(City)	(S	tate)	(Zip)													Person					
		Tab	le I - No	n-Deri	vative	e Se	curit	ies A	cquire	d, D	isp	osed o	of, or Be	nefic	ially C	Owned	t				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				ay/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Disposed Code (Instr. 5)		ities Acquired (A) od Of (D) (Instr. 3, 4		4 and Securiti Benefic Owned Reporte		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common	Stools nor	volue \$ 01		05/0	05/02/2022				Co.	_		Amount	(A) or (D) Pi		e	Transaction(s) (Instr. 3 and 4)					
Common	Stock, par		able II -				uritia	s An			spo	sed of	or Ben		5.69 IIV Ov		386		D		
		<u>'</u>											ble sec								
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. Transactic Code (Inst 8)				Expira (Month	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price Derivat Securit (Instr. 9	ivative curity		e (C s F ally C g (C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Ex Da	piration ate	Title	Amou or Number of Shares	er						
Non- Qualified Stock Option (Right to Buy)	\$66.81								01/28/	2021	07	//28/2030	Common Stock, par value \$.01	7,48	5		7,485		D		
Non- Qualified Stock Option (Right to Buy)	\$66.81								07/28/	2021	07	/28/2030	Common Stock, par value \$.01	1,12	0		8,605		D		
Non- Qualified Stock Option (Right to Buy)	\$68.74								10/27/	2021	04	/27/2031	Common Stock, par value \$.01	7,27	5		15,880)	D		
Non- Qualified Stock Option (Right to Buy)	\$68.74								04/27/	2022	04	/27/2031	Common Stock, par value \$.01	1,09	0		16,970)	D		
Non- Qualified Stock Option (Right to Buy)	\$79.72								10/26/	2022	04	/26/2032	Common Stock, par value \$.01	6,27	0		23,240)	D		
Non- Qualified Stock Option (Right to	\$79.72								04/26/	2023	04	/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.