### Edgar Filing: EQUITY LIFESTYLE PROPERTIES INC - Form 4

EQUITY LII Form 4 June 03, 200	FESTYLE PR 5	OPERTIES	INC								
FORM									OMB AF	PPROVAL	
	UNITE	ED STATES		ITIES A			NGE C	COMMISSION	OMB Number:	3235-0287	
Check th if no long	ter								Expires:	January 31, 2005	
subject to Section 1 Form 4 o	6. <b>SIAI</b>	EMENT O	F CHAN	GES IN BENEFICIAL OWN SECURITIES				NERSHIP OF	Estimated average burden hours per response 0		
Form 5 obligatio may cont <i>See</i> Instru 1(b).	inue. Section	17(a) of the		ility Hold	ling Con	npan	y Act of	e Act of 1934, 1935 or Section 0	·		
(Print or Type I	Responses)										
	Address of Report	-	Symbol EQUIT	Name and Y LIFEST RTIES IN	ΓYLE		ng	5. Relationship of Issuer (Chec	Reporting Pers		
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction	-		Director	10%	Owner	
(Mon				h/Day/Year) 2/2005				XOfficer (give titleOther (specify below) Vice President & CFO			
				endment, Date Original onth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
								Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
Common				Code V	Amount	(D)	Price				
Stock, par value \$.01	05/26/2005			A <u>(1)</u>	260	А	\$ 37.81	26,562.88	D		
Common Stock, par value \$.01	05/27/2005			A <u>(1)</u>	260	А	\$ 37.79	26,822.88	D		
Common Stock, par value \$.01	06/02/2005			S <u>(1)</u>	260	D	\$ 38.01	26,562.88	D		
Common	06/02/2005			<b>S</b> (1)	260	D	\$	26,302.88	D		

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Stock, par value \$.01	38.04			
Common Stock, par value \$.01		18,788	Ι	* (2)
Common Stock, par value \$.01		120.3	I	by 401K Plan

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transactio	5. onNumber	6. Date Exerce Expiration D		7. Titl Amou		8. Price of Derivative	9. Nu Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under		Security	Secu
(Instr. 3)	Price of Derivative		(Month/Day/Year)	(Instr. 8)	Derivative Securities			Securi (Instr	ties 3 and 4)	(Instr. 5)	Bene Owne
	Security				Acquired			(msu.	5 and 4)		Follo
	~~~~				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3, 4, and 5)						
					4, and 5)						
									Amount		
						Date Exercisable	Expiration Date	Title	or Number of		

Code V (A) (D)

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
BERMAN MICHAEL BRUCE 100 E. HURON STREET APT.# 2704 CHICAGO, IL 60611			Vice President	& CFO				
Signatures								
By: Jennifer L. Usher, by Power Berman	06/03/2005							

\*\*Signature of Reporting Person

Date

Shares

# **Explanation of Responses:**

- \* 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).
- (1) Shares held as custodian for Mr. Berman's children.
- (2) 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.