#### MAYNARD ROGER

Form 4

November 22, 2005

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OMB APPROVAL** 

OMB 3235-0287 Number:

January 31, Expires: 2005

> 10% Owner Other (specify

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

(Print or Type Responses)

1(b).

(Last)

1. Name and Address of Reporting Person \* MAYNARD ROGER

2. Issuer Name and Ticker or Trading Symbol

**EQUITY LIFESTYLE** PROPERTIES INC [ELS]

3. Date of Earliest Transaction

(Month/Day/Year)

11/21/2005

(Middle)

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

14578 RIVER BEACH DRIVE,

(First)

#511

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

below) Chief Operating Officer

6. Individual or Joint/Group Filing(Check

Applicable Line)

Director

X\_ Officer (give title

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

PORT CHARLOTTE, FL 339	95	) (
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(City)	(State)	(Zip) Tab	le I - Non-	Derivative Securities A	Acquired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	4. Securities Acquired oner Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Pr.	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock, par value \$.01	11/21/2005		S	2,125 D \$ 43.8	094 8,894	I	* (1)
Common Stock, par value \$.01					24,000	D	
Common Stock, par value \$.01					527.89	I	by 401K Plan

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

#### Edgar Filing: MAYNARD ROGER - Form 4

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SEC 1474 (9-02)

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						Ì
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	*	Title I	Number		
									of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

MAYNARD ROGER 14578 RIVER BEACH DRIVE, #511 PORT CHARLOTTE, FL 33953

**Chief Operating Officer** 

### **Signatures**

By: Terry Termini, by Power of Atty. For: Roger A. Maynard

11/22/2005

\*\*Signature of Reporting Person

Date

### **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 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.

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