## Form **8937**(December 2017) Department of the Treasury Internal Flevenue Service

## Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

► See separate instructions.

Part I Reporting I	ssuer	44			
1 Issuer's name			profession to the second	2 issuer's employer identification number (EIN)	
PROSHARES ULTRAPRO	S&P500	27-0368618			
3 Name of contact for additional information 4			ne No. of contact	5 Email address of contact	
ED KARPOWICZ			240-497-6487	ekarpowicz@proshares.com	
6 Number and street (or P	.O. box if mail is not	7 City, town, or post office, state, and ZIP code of contact			
7501 WISCONSIN AVENU	E, SUITE 1000E	BETHESDA, MD 20814			
8 Date of action					
5/24/2018					
10 CUSIP number 11 Serial number(s)		s)	12 Ticker symbol	13 Account number(s)	
74347X864 N/A			UPRO	N/A	
Part II Organization	nal Action Attac	h additions	I statements if needed. See ha	ck of form for additional questions.	
				ainst which shareholders' ownership is measured for	
	· ·		n May 23, 2018, shares of ProSha	2,000 000	
				With a proportionate increase in the number of	
	<u> </u>		_ · _ · _ · _ · _ · _ · _ · _ · _ · _ ·	-split share held. Post-split shares were priced	
				ing at post-split prices on May 24, 2018.	
		, р		mig de procesonit prisons on that y 24 20 to:	
	_		=	the hands of a U.S. taxpayer as an adjustment per 0.333 times the tax basis of a pre-split	
share (33.3% of old basis)	_	don poor op	iit siidi e iids a tax sasis equal te	vises the ax basis of a pro-spirt	
2			104		
	_		data that supports the calculation, pre-split (old) basis per share tin	such as the market values of securities and the	
				ne close of business on May 23, 2018, would	
				impacted, the basis of the shareholder's total	
				or of 0.333, the value of a shareholder's investment	
Is not impacted by the sha			per bilait abelloades by a facti		
12 HOL HIPEGEO DY ING SH	ore abut			U CX CX	
				7 WA 2	
				12	

Part I		Organizational Action (cont	inued)				
		applicable Internal Revenue Code : shareholder's aggregate tax bas					
		to the increased number of sha			Share Split Shoul	a pe allocated	
				-			
						1.500	
-							
18 Ca	ın any	resulting loss be recognized? ▶	None				
		E C				TER TRESPER	
		E 111					
19 Pr	ovide	any other information necessary to	implement the adjustme	ent, such as the reportab	le tax year <b>⊳ <u>The r</u></b>	eportable tax year is 2018.	
						N.R	
1							
-							
-							
	Unde	r penalties of perjury, I declare that I ha , it is true, correct, and complete. Decla	ave examined this return, in- ration of preparer (other than	cluding accompanying sche	dules and statements mation of which prep	and to the best of my knowledge and arer has any knowledge.	
Sign Here Signature ► Date ► 7.5.2018  Print your name ► TROY SHEETS Title ► TREASURER							
Paid Prepa	150-					Check if self-employed	
Use C		Firm's name			-	Firm's EIN ▶	
	- 1	Firm's address ▶	·			Phone no.	
Send Fo	rm 89	37 (including accompanying stater	ments) to: Department of	the Treasury, Internal Re	evenue Service, Og	den, UT 84201-0054	