See separate instructions.

## Part I Reporting Issuer

1 Issuer's name				2 Issuer's employer identification number (EIN)
ProShares Short Real Esta	ate			27-1779615
3 Name of contact for add		e No. of contact	5 Email address of contact	
Ed Karpowicz		ekarpowicz@proshares.com		
6 Number and street (or F	P.O. box if mail is not	7 City, town, or post office, state, and ZIP code of contact		
7501 Wisconsin Avenue, S	Suite 1000E	Bethesda, MD 20814		
8 Date of action		Detriesda, WD 20014		
			ification and description	
10/31/20		Commor	Stock- Regulated Investme	ent Company
10 CUSIP number	11 Serial number		12 Ticker symbol	13 Account number(s)
74347X641	N/A		REK	N/A
Part II Organizatio	onal Action Attac	ch additional	statements if needed. See	e back of form for additional questions.
share or as a percenta	age of old basis $\blacktriangleright$	ne portion of	these distributions that con	ty in the hands of a U.S. taxpayer as an adjustment per estitutes a non-taxable return of capital will decrease a eturn of capital is as follows:
			Per Share Reduct	ion of
Distribution on Ex- Date:		Stock		
March 25, 2020			\$0.007871	
	-			tion, such as the market values of securities and the gs were compared to distributions paid during the year

ended October 31, 2020. The non-taxable return of capital represents the amount of distributions paid during the taxable year ended October 31, 2020 in excess of ProShares Short Real Estate's current and accumulated earnings and profits under IRC Section 316.

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Part I		Organizational Action (continued)			
<b>17</b> Lis	st the	applicable Internal Revenue Code section(	s) and subsection(s) upon wh	ich the tax treatment is base	d▶
Internal	Reve	nue Code Sections 301, 316, 852.			
<b>18</b> Ca	an any	resulting loss be recognized?  No.			
<b>19</b> Pro	ovide	any other information necessary to implen	nent the adjustment, such as	the reportable tax year <b>&gt;</b>	
See Part	t II, Ite	em 15 of this form for the per share amo	unts and dates of distribution	ons impacted by this organ	izational action.
This org	janiza	tional action is reportable with respect	to calendar year 2020.		
	Unde	r penalties of perjury, I declare that I have exam	ined this return. including accom	panving schedules and stateme	nts. and to the best of my knowledge and
	belief	, it is true, correct, and complete. Declaration of	preparer (other than officer) is bas	sed on all information of which pr	eparer has any knowledge.
Sign		200			
Here	Signa	ture ►		Date ► 3.29.20	)21
	Drint			Title► Treasu	ror
Paid	Print	your name ► Troy Sheets Print/Type preparer's name	Preparer's signature	Title► Treasu Date	Check if PTIN
Paid Prepa	rer				self-employed
Use O		Firm's name			Firm's EIN ►
_		Firm's address 🕨			Phone no.

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054