► See separate instructions.

Pa	art I Reporting	Issuer						
1	Issuer's name				2 Issuer's employer identification number (EIN)			
Pro	Shares UltraPro Short	S&P500	27-0368696					
	Name of contact for ad		4 Telephon	e No. of contact	5 Email address of contact			
	Karpowicz			240-497-6487	ekarpowicz@proshares.com			
6	Number and street (or F	P.O. box if mail is not	delivered to s	street address) of contact	7 City, town, or post office, state, and ZIP code of contact			
	1 Wisconsin Avenue, 5 Date of action	Suite 1000E	Bethesda, MD 20814					
Ũ			C Clube	ification and description				
10/3	31/20		Commor	Stock- Regulated Investm	ent Company			
	CUSIP number	11 Serial number(s		12 Ticker symbol	13 Account number(s)			
	74347B268	N/A		SPXU	N/A			
Pa	art II Organizati	onal Action Attac	h additional	statements if needed. Se	ee back of form for additional questions.			
14	Describe the organiza	tional action and, if a	pplicable, the	e date of the action or the dat	te against which shareholders' ownership is measured for			
	the action ProSha	ares UltraPro Short S	&P500 paid	quarterly income distributi	ions to common shareholders during the taxable			
yea				ons constitutes a non-taxab				
-					·			
15	Describe the quantita	tive effect of the orga	nizational act	ion on the basis of the secur	ity in the hands of a U.S. taxpayer as an adjustment per			
					nstitutes a non-taxable return of capital will decrease a			
U.S					able return of capital is as follows:			
0.0								
		tion of						
Dis	tribution on Ex- Date:			Basis in Commor	n Stock			
Mar	rch 25, 2020			\$0.041563				
16	Describe the calculati	on of the change in b	asis and the o	data that supports the calcul	ation, such as the market values of securities and the			
		-			earnings were compared to distributions			
paid					sents the amount of distributions paid during the			
					s current and accumulated earnings and			
	fits under IRC Section		511105101	os ontar to onort our 500 s	sourrent and accumulated carrings and			
0.0								

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Part I		Organizational Action (co	ntinued)					1
17 Lis	st the	applicable Internal Revenue Cod	e sectior	n(s) and subsection(s) u	pon which the tax t	treatment	t is based I	•	
		nue Code Sections 301, 316, 8		., ., .,					
18 Ca	an any	resulting loss be recognized? ►	No.						
19 Pr	rovide	any other information necessary	to imple	ment the adjustment, s	uch as the reportab	ole tax ve	ar 🕨		
		em 15 of this form for the per s						ational action	۱.
		ational action is reportable with					0		
	Unde	r penalties of perjury, I declare that I	have exa	mined this return, includin	g accompanying sche	edules and	l statements	, and to the be	st of my knowledge and
	belief	, it is true, correct, and complete. Dec	laration o	f preparer (other than offic	er) is based on all info	rmation of	which prep	arer has any kn	owledge.
Sign		ZNEV	_						
Here	Signa					Date > 3.29.2021			
		0							
	Print	your name ► Troy Sheets Print/Type preparer's name		Preparer's signature		Title ► Date	Treasure		PTIN
Paid						Juic		Check if self-employed	
Prepa	arer	Firm's name						Firm's EIN ►	
Use Only		Firm's address						Phone no.	

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