► See separate instructions.

Part Reporting	lssuer						
1 Issuer's name				2 Issuer's employer identification number (EIN)			
ProShares UltraShort Nas	daa Biotechnoloay			26-3639581			
3 Name of contact for ad		5 Email address of contact					
Ed Karpowicz			240-497-6487	akarpawiaz@procharac.com			
Ed Karpowicz 6 Number and street (or l	P.O. box if mail is not o	ekarpowicz@proshares.com 7 City, town, or post office, state, and ZIP code of contact					
7501 Wisconsin Avenue, 9 8 Date of action	Suite 1000E	Bethesda, MD 20814					
b Date of action		9 01855	sification and description				
10/31/20		Commor	Stock- Regulated Investme	ent Company			
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)			
74347G838	N/A		BIS	N/A			
		n additiona		e back of form for additional questions.			
				against which shareholders' ownership is measured for			
-				e distributions to common shareholders during the			
			stributions constitutes a no				
	· · ·			·			
4E Describe the second		·	tere en lles les de l eur (lles en en d				
				y in the hands of a U.S. taxpayer as an adjustment per			
				stitutes a non-taxable return of capital will decrease a			
U.S. taxpayer's basis in th	e shares of ProShare	es UltraShoi	t Nasdaq Biotechnology. Th	ne non-taxable return of capital is as follows:			
			Per Share Reducti	ion of			
Distribution on Ex- Date:		Stock					
		SIUCK					
Aarch 25, 2020 \$0.025826							
16 Describe the calculat	on of the change in ba	asis and the	data that supports the calcula	tion, such as the market values of securities and the			
	-			umulated earnings were compared to distributions			
				ents the amount of distributions paid			
				•			
		U III EXCESS	ULE FIUSHALES UILLASHULL NA	sdaq Biotechnology's current and accumulated			
earnings and profits unde	TIKU SECILON 310.						

Form 893	37 (12-2	017)				Page 2
Part I		Drganizational Action (continued)				
17 Lis	st the	applicable Internal Revenue Code section(s) and	subsection(s) upon which t	the tax treatmen	t is based 🕨	·
Internal	Reve	nue Code Sections 301, 316, 852.				
18 Ca	an any	resulting loss be recognized? ► No.				
19 Pr	rovide	any other information necessary to implement t	he adjustment, such as the	reportable tax ye	ear 🕨	
		m 15 of this form for the per share amounts				tional action.
		tional action is reportable with respect to ca			0	
		· · ·				
	Lindo	popultion of portune I dealars that I have examined t	his ratura, including accompany	ing ashadulas and	l atatamanta	and to the best of my knowledge and
	belief	penalties of perjury, I declare that I have examined t it is true, correct, and complete. Declaration of prepa	er (other than officer) is based o	on all information of	f which prepa	and to the best of my knowledge and arer has any knowledge.
Sign		2 0 -				
Here	Signa	AT Y	Data 🕨			
	Signa					
	Print	vour name ► Troy Sheets		Title 🕨	Treasurer	
Detel	1		arer's signature	Date	neasurei	PTIN
Paid						Check if self-employed
Prepa		Firm's name				Firm's EIN ►
Use C	ліу	Firm's address				Phone no.

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