► See separate instructions.

	art I Reporting	Issuer						
1	Issuer's name				2 Issuer's employer identification number (EIN)			
Pro	Shares UltraShort MS0	1 Emerging Markets	26-0425564					
	Name of contact for ad		4 Telephon	e No. of contact	5 Email address of contact			
Ed	Karpowicz			240-497-6487	ekarpowicz@proshares.com			
6	Number and street (or F	P.O. box if mail is not o	delivered to s	street address) of contact	7 City, town, or post office, state, and ZIP code of contact			
750	1 Wisconsin Avenue, S	Suite 1000E	Bethesda, MD 20814					
	Date of action							
10/3	31/20		Commor	Stock- Regulated Investm	ent Company			
10	CUSIP number	11 Serial number(s		12 Ticker symbol	13 Account number(s)			
D	74347B284 art II Organizati	N/A	h additional	EEV	e back of form for additional questions.			
					· · ·			
14					te against which shareholders' ownership is measured for			
					me distributions to common shareholders during the			
taxa	able year ended Octob	er 31, 2020. A portior	n of the total	distributions constitutes a	non-taxable return of capital.			
15	Describe the quantita	tive effect of the organ	nizational act	ion on the basis of the securi	ity in the hands of a U.S. taxpayer as an adjustment per			
	share or as a percent	age of old basis 🕨 Th	e portion of	these distributions that cor	nstitutes a non-taxable return of capital will decrease a			
us					The non-taxable return of capital is as follows:			
0.0				t moor Emerging Markets.				
<u> </u>				Per Share Reduct				
	tribution on Ex- Date:			Basis in Common	Stock			
Mar	rch 25, 2020			\$0.024068				
16	Describe the calculati	on of the change in ba	asis and the	data that supports the calcula	ation, such as the market values of securities and the			
		cumulated earnings were compared to distributions						
-					ents the amount of distributions paid during			
			ess of ProS	nares UltraShort MSCI Eme	erging Markets' current and accumulated earnings and			
pro	fits under IRC Section	316.						

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Part I		Organizational Action (con	ntinued)						
		applicable Internal Revenue Code		n(s) and subsection(s) upo	n which the tax t	reatment	t is based	•	
Internal	Reve	enue Code Sections 301, 316, 85)Ζ.						
18 Ca	an anv	resulting loss be recognized? ►	No.						
	·· · · ,	<u> </u>							
		any other information necessary							
		em 15 of this form for the per sh			butions impacte	ed by thi	is organiza	ational action	1.
This or	ganiza	ational action is reportable with	respect	to calendar year 2020.					
	Unde	r penalties of perjury, I declare that I	have exa	mined this return, including a	ccompanying sche	dules and	statements	, and to the be	st of my knowledge and
~	beliet	, it is true, correct, and complete. Dec	laration o	f preparer (other than officer)	s based on all info	rmation of	which prep	arer has any kno	owledge.
Sign Here		ZARY							
пеге	Signa					Date 🕨	3.29.202	1	
		C Travi Chaota				T 11 N	The second	-	
Delet	Print	your name ► Troy Sheets Print/Type preparer's name		Preparer's signature		Title ► Date	Treasure		PTIN
Paid	aror							Check if self-employed	
Prepa Use C) nlv	Firm's name						Firm's EIN ►	·
USC UNIY		Firm's address ►						Phone no.	

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