► See separate instructions.

Part I Reporting	Issuer				
1 Issuer's name					2 Issuer's employer identification number (EIN)
ProShares Short MSCI Em	nerging Markets	26-0425684			
3 Name of contact for ad		4 Tel	No. of contact	5 Email address of contact	
Ed Karpowicz				240-497-6487	ekarpowicz@proshares.com
6 Number and street (or I	P.O. box if mail is not	deliver	ed to sti	eet address) of contact	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		9	Classif	cation and description	
10/31/20		6	mmon	Stock Degulated Investo	cont Company
10/31/20 10 CUSIP number	11 Serial number(Stock- Regulated Investn 12 Ticker symbol	13 Account number(s)
74347R396	N/A		E	EUM	N/A
		h add	itional s	tatements if needed. S	ee back of form for additional questions.
14 Describe the organiza	ational action and, if a	pplicab	ole, the c	late of the action or the da	te against which shareholders' ownership is measured for
the action ► ProSha	ares Short MSCI Em	erging	Markets	paid quarterly income c	listributions to common shareholders during the
taxable year ended Octob					
15 Describe the quantita	tive effect of the ora	nizatio	nal actio	n on the basis of the secu	rity in the hands of a U.S. taxpayer as an adjustment per
	-				itutes a non-taxable return of capital will decrease a
					non-taxable return of capital is as follows:
		63 5110		Enterging Markets. The	
				Per Share Reduc	tion of
Distribution on Ex- Date:		n Stock			
March 25, 2020		1 Stock			
				\$0.019646	
16 Describe the calculati	on of the change in h	asis an	nd the da	ita that supports the calcu	lation, such as the market values of securities and the
	-				
					ulated earnings were compared to distributions paid
					the amount of distributions paid during the taxable year
	excess of ProShar	es Shoi	rt MSCI	Emerging Market's curre	nt and accumulated earnings and profits under IRC
Section 316.					

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Part I		Organizational Action (co	ntinued))					:
17 Lis	st tha	applicable Internal Revenue Coc		(s) and subsection(s) u	oon which the tax t	reatmon	tic based		
		enue Code Sections 301, 316, 8				reatmen			
18 Ca	an any	resulting loss be recognized? ►	No.						
		any other information necessary						tion of a otion	
		em 15 of this form for the per s ational action is reportable with				ed by in	is organiza	ational action	1.
1113 010	Jannzo		respect						
	L lue el e								
	belief	r penalties of perjury, I declare that I , it is true, correct, and complete. Dec	laration of	f preparer (other than office	er) is based on all info	rmation of	which prepa	, and to the be arer has any kn	owledge.
Sign		2-0/	_						
Here	Signa	ature >				Date 🕨	3.29.202	1	
		0							
	Print	your name Troy Sheets		_		Title 🕨	Treasure	r	1
Paid		Print/Type preparer's name		Preparer's signature		Date		Check 🗌 if	
Prepa	rer							self-employed	
Use O	nly	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