► See separate instructions.

Part I Reporting	ssuer							
1 Issuer's name		2 Issuer's employer identification number (EIN)						
ProShares UltraShort Mid	Can400			20-3836984				
3 Name of contact for add		4 Telephon	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	delivered to s	street address) of contact	7 City, town, or post office, state, and ZIP code of contact				
7501 Wisconsin Avenue, S 8 Date of action	Suite 1000E	Bethesda, MD 20814						
b Date of action		0 01030	sification and description					
10/31/20		ent Company						
10 CUSIP number	11 Serial number(12 Ticker symbol	13 Account number(s)				
74348A343	N/A		MZZ	N/A				
				ee back of form for additional questions.				
				te against which shareholders' ownership is measured for				
				ons to common shareholders during the taxable				
year ended October 31, 20		e of these dis	tributions constitutes a no	n-taxable return of capital.				
				ity in the hands of a U.S. taxpayer as an adjustment per				
				tutes a non-taxable return of capital will decrease a				
U.S. taxpayer's basis in th	e shares of ProSha	es UltraShor	t MidCap400. The non-taxa	able return of capital is as follows:				
			Per Share Reduc					
Distribution on Ex- Date:		n Stock						
March 25, 2020	arch 25, 2020 \$0.014093							
	-			ation, such as the market values of securities and the				
				earnings were compared to distributions paid				
				the amount of distributions paid during the				
	er 31, 2020 in exces	s of ProShar	es UltraShort MidCap400's	current and accumulated earnings and profits				
under IRC Section 316.								

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Part		Organizational Action (continued)			
			/、 · · · /、 ·			
		applicable Internal Revenue Code section nue Code Sections 301, 316, 852.	n(s) and subsection(s) upon wh	nich the tax treatme	nt is based	•
Internal	Reve	nue coue Sections 301, 310, 652.				
18 C	an any	v resulting loss be recognized? ► No.				
		any other information necessary to imple				
		em 15 of this form for the per share am		ons impacted by t	his organiza	ational action.
This or	ganiza	ational action is reportable with respec	t to calendar year 2020.			
	Unde	r penalties of perjury, I declare that I have exa	mined this return, including accon	npanying schedules ar	nd statements	, and to the best of my knowledge and
0:	Dellet	, it is true, correct, and complete. Declaration of	of preparer (other than officer) is ba	sed on all information	of which prepa	arer nas any knowledge.
Sign Here		ZAEV			2 20 202	1
nere	Signa	iture ►		Date Date	3.29.202	1
	Print	your name ► Troy Sheets		Title ►	Treasure	r
Paid	1 i init	Print/Type preparer's name	Preparer's signature	Date	ricasure	Check if PTIN
Paid	arer					self-employed
Use C		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