

Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

Part I Reporting Issuer

1 Issuer's name The Options Clearing Corporation		2 Issuer's employer identification number (EIN) 36-2756407	
3 Name of contact for additional information Thomas Crider	4 Telephone No. of contact 312.322.6200	5 Email address of contact Form8937@theocc.com	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact 125 S. Franklin Street Suite 1200		7 City, town, or post office, state, and ZIP code of contact Chicago, IL 60606	
8 Date of action April 10, 2024		9 Classification and description Options on shares of ProShares S&P 500 Ex-Health Care ETF	
10 CUSIP number	11 Serial number(s) All series	12 Ticker symbol SPXV	13 Account number(s)

Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ Each outstanding options contract on shares of ProShares S&P 500 Ex-Health Care ETF (SPXV) is replaced by 2 contracts to reflect a 2-for-1 share split. Effective date is April 10, 2024.

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶ 50% of the basis in each existing contract is allocated to each of the 2 replacement contracts.

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ Tax basis in existing contracts is allocated proportionately across the replacement contracts.

Part II Organizational Action *(continued)*

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ Section 1012 (a)

18 Can any resulting loss be recognized? ▶ No.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature ▶ Thomas Crider Date ▶ 4/19/2024

Print your name ▶ Thomas Crider Title ▶ Executive Director

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.