Form **8937**

(December 2011)
Department of the Treasury
Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

	al revenue dervice						
Pa	rt Reporting	Issuer					
1 (ssuer's name		2 Issuer's employer identification number (EIN)				
SPDI	R Portfolio Mid Cap E	ETF (F.K.A. SPDR S&	14-1937148				
				e No. of contact	5 Email address of contact		
SSGA Funds Management, Inc.				1-866-787-2257	Fund_Inquiry@SSgA.com		
6 N	lumber and street (or	P.O. box if mail is not	delivered to	street address) of contact	7 City, town, or post office, state, and Zip code of contact		
State	Street Financial Cer	nter, 1 Lincoln Street	Boston, MA 02111-2900				
	Date of action	-					
Octo	her 16 2017		3-1 Shar	e Split and Ticker symbol	change		
October 16, 2017 3:1 Sh 10 CUSIP number 11 Serial number(s)				12 Ticker symbol 13 Account number(s)			
			,				
D -	78464A847	N/A	1	SPMD (F.K.A SMD)	N/A		
Par					ee back of form for additional questions.		
14	_				ate against which shareholders' ownership is measured for		
	the action ► Effecti	ve, October 16, 2017	, the Fund u	nderwent a 3 for 1 share sp	olit.		
		1 11 11 11 11 11 11 11 11 11 11 11 11 1					
15					rity in the hands of a U.S. taxpayer as an adjustment per		
	share or as a percent	iage of old basis ▶ ௶	oon effective	date of the share split, each	ch post-split share has a tax basis equal to one-third		
of the	e tax basis of a pre-s	plit share.					
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<u></u>		<u>,</u>					
16					lation, such as the market values of securities and the		
					er the share split is one-third of the basis before the		
share	e split, however the s	shareholders' total in	vestment ba	sis remains the same.			

Part	ш	Organizational Action (contin	iuea)		
		applicable Internal Revenue Code se	ection(s) and subsection(s) upon which	ch the tax treatment is based	► IRC 358, 368, and 354.
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			agica 200 pkily, tra.		
18 C	an an	y resulting loss be recognized? ► No	D		
-					
		_T_16T			
				197	
		any other information necessary to in Advisor to determine the impact of			
year.	en ra.	x Advisor to determine the impact of	or this transaction with respect to	inen marviduar facts and ci	reumstances for the 2017 tax
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		and the second s		-3	
			The state of the s	200-000	
	Unde	er penalties of perjury, I declare that I have	examined this return, including accomp-	anying schedules and statement	s, and to the best of my knowledge and
	belie	f, it is true, correct, and complete. Declarat	ion of preparer (other than officer) is base	d on all information of which pre	parer has any knowledge.
Sign		10. 10.	1	10	15-1-
Here	Signa	ature Maril M	0	Date ▶	125/17
	D		71107	Title N. Domitic	Transurar
Del-I	Print	your name ► Darlene Anderson-Vase Print/Type preparer's name	Preparer's signature	Title ► Deputy Date	Treasurer Chack D if PTIN
Paid Prepa	arer	50 5 5			Check if self-employed
Use (Firm's name ▶		The same of the sa	Firm's EIN ▶
	- 15	Firm's address ▶			Phone no.
CandE	orm 80	37 lineluding accompanying statems	ental to: Department of the Treasury	Internal Revenue Service O	nden IIT 84201-0054