## Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-2224

Department of the Treasury Internal Revenue Service	► See separate instructions.				
Part   Reporting	Issuer				
1 Issuer's name		2 Issuer's employer idea	2 Issuer's employer identification number (EIN)		
00000 0 45 t		DD 66D 56	)0.0	04.259	0.704
SPDR Portfolio S&P 500 C 3 Name of contact for ad		5 Email address of contact	04-3526701		
o Name of Contact for ac	GRIORA PROTESTION	r releption	ne No. of contact	C Estate addition of contact	•
SSGA Funds Management, Inc. 1-866-787-2257				Fund_Inquiry@SSgA.com	
6 Number and street (or I	P.O. box if mail is not d	7 City, town, or post office, st	7 City, town, or post office, state, and Zip code of contact		
State Street Financial Cen	iter. 1 Lincoln Street	Boston, MA 02111-2900	Boston, MA 02111-2900		
8 Date of action					
October 16, 2017		4:1 Shar			
10 CUSIP number	11 Serial number(s)		12 Ticker symbol	13 Account number(s)	
78464A409	N/A		SPYG	N/A	A
			-	See back of form for additional q	
_				ate against which shareholders' own	ership is measured for
the action ► Effective	ve, October 16, 2017, t	he Fund u	nderwent a 4 for 1 share s	plit.	
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	<u>-,</u>				***************************************
	1.0.000				
				urity in the hands of a U.S. taxpayer	
share or as a percent	age of old basis ► <u>upo</u>	n effective	date of the share split, ea	ach post-split share has a tax basis	s equal to 0,25 times the
tax basis of a pre-split sha	are (25% of old basis).				***************************************
,					
16 Describe the calculati	ion of the change in bas	sis and the	data that supports the calcu	ulation, such as the market values of	securities and the
valuation dates ▶ The	e basis of each share	of the Fund	d held by a shareholder af	ter the share split is one fourth of	the basis before the
share split, however the s					

Part		Organizational Action (continued)			
		applicable Internal Revenue Code section	n(s) and subsection(s) upon which the	e tax treatment is based	► IRC 358, 368, and 354.
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4					
				1-2	
					1.
	4.56				
18 (	Can an	y resulting loss be recognized? ► No			
				ilXhallishila-sair	
-					5.00
		any other information necessary to imple x Advisor to determine the impact of thi			
year.					
-					
-					
	Unde belie	er penalties of perjury, I declare that I have exar f, it is true, correct, and complete. Declaration o	nined this return, including accompanying f preparer (other than officer) is based on a	schedules and statements all information of which prep	, and to the best of my knowledge and arer has any knowledge.
Sign		10 00	,		i I
Here	Signa	ature Mal Mul		Date ►	25/17
		January N. Doulous Andrews Ver		Tilla & Danister T	rogetror
	Print	your name ► Darlene Anderson-Vasquez Print/Type preparer's name	Preparer's signature	Title ► Deputy T	DTIN
Paid	OKOK	2 1		*	Check if self-employed
Prep Use		Firm's name			Firm's EIN ▶
		Firm's address ▶			Phone no.
Send F	orm 89	937 (including accompanying statements)	to: Department of the Treasury, Inter	nal Revenue Service, Og	den, UT 84201-0054