SPDR S&P 600 Small Cap Growth ETF

Name of contact for additional information
SSGA Funds Management, Inc.

Telephone No. of contact
1-866-787-2257

Email address of contact
Fund_Inquiry@SSgA.com

Number and street (or P.O. box if mail is not delivered to street address) of contact
One Iron Street

City, town, or post office, state, and ZIP code of contact
Boston, MA 02210-1641

Issuer's name
2 Issuer's employer identification number (EIN)
04-3526668

Date of action
8 Classification and description
June 13, 2018
4:1 Share Split

CUSIP number
11 Serial number(s)
12 Ticker symbol
78464A201 N/A SLYG

Account number(s)
N/A

Organizational Action
Part II

Attach additional statements if needed. See back of form for additional questions.

Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ➤ Effective, June 13, 2018, the Fund underwent a 4 for 1 share split.

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 ➤ Upon effective date of the share split, each post-split has a tax basis equal to one-fourth of the tax basis of a pre-split share.

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 ➤ The basis of each share of the Fund held by a shareholder after the share split is one-fourth of the basis before the share split, however the shareholder's total investment basis remains the same.
Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based:
   IRC 358, 368 and 354

18 Can any resulting loss be recognized?  No

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year:
   Fund shareholders should consult with their Tax Advisor to determine the impact of this transaction with respect to their individual facts and circumstances for the 2018 tax year.

Signature: [Signature]
Date: 6/14/18

Print your name: Darlene Anderson-Vasquez

Paid Preparer Use Only
Print/Type preparer’s name
Preparer’s signature
Date
Check ☐ if self-employed
PTIN

Firm’s name
Firm’s address
Firm’s EIN
Phone no.

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054