orm **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

| Part I Reporting Iss | uer | | | | | |
|---|----------------------|--|----------------------------------|--|--|--|
| 1 Issuer's name | | 2 Issuer's employer identification number (EIN) | | | | |
| iShares Currency Hedged MS | CLEAFE ETE | | | 46-3870439 | | |
| 3 Name of contact for addition | | 5 Email address of contact | | | | |
| | | | | | | |
| BlackRock Fund Advisors | | | 1-800-474-2737 | isharesetfs@blackrock.com | | |
| 6 Number and street (or P.O | . box if mail is not | 7 City, town, or post office, state, and Zlp code of contact | | | | |
| 1 81 18 11 411 | | | | Dringston N I 09540 | | |
| c/o BlackRock Inc., 1 Univers 8 Date of action | sity Square DR | Princeton, NJ 08540 | | | | |
| Date of action | | 0 0,000 | sification and description | | | |
| 07/31/2014 | | Commo | n Stock - Regulated Investm | ent Company | | |
| | 1 Serial number | s) | 12 Ticker symbol | 13 Account number(s) | | |
| | | | | | | |
| 46434V803 | 1.0 | | HEFA | Land of Comment of the control of th | | |
| | | | | e back of form for additional questions. | | |
| _ | | | | against which shareholders' ownership is measured for | | |
| portion of the distribution of | | | | lers of record of July 7, 2014. All or a | | |
| portion of the distribution co | onstitutes a non- | taxable retur | погсарнан. | | | |
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| 15 Describe the quantitative | effect of the org | anizational ac | tion on the basis of the securit | y in the hands of a U.S. taxpayer as an adjustment per | | |
| share or as a percentage | e of old basis ► T | he portion of | the distribution that constit | utes a non-taxable return of capital will decrease a | | |
| U.S. taxpayer's basis in the s | shares of Issuer. | The non-tax | able return of capital is as fo | ollows: | | |
| | | Per Share Re | eduction of | | | |
| Distribution Payable On: | | Basis in Con | nmon Stock | | | |
| July 9, 2014 | | \$0.001250 | | | | |
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| 40 Describe the colonistic | -6 th i- | basis and the | data that augments the coloule | ation, such as the market values of securities and the | | |
| | | | | distributions paid during the year ended July 31, | | |
| | | | | uring the taxable year ended July 31, 2014 in excess | | |
| of Issuer's current and accu | | | | uring the taxable year ended July 31, 2014 in excess | | |
| or issuer's current and accu | mulated earning | s and pronts | under IRC Section 5 to. | | | |
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| | 40 | ė | him to | | | |
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| Part II | Org | janizational Action | (continued) | | | | |
|---------------|---------------|-------------------------------|-------------------|----------------------------|-----------------------------|---------------------|---|
| | | | | | | | |
| 17 Lis | t the app | licable Internal Revenue | Code section(| s) and subsection(s) t | upon which the tax tre | atment is based 🕽 | • |
| | | Code Sections 301, 31 | | | | | |
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| | | | | | | | 77.00 |
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| 18 Ca | n any res | ulting loss be recognize | d?▶ No | | | | |
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| 19 Pr | ovide any | other information neces | sary to implen | ent the adjustment, | such as the reportable | tax year ► | |
| | | 15 of this form for the | | | | | ational action. |
| | | nal action is reportable | | | | | |
| THIS OLD | atiizatioi | iai action is reportable | with respect | to calendar year 201 | 17. | | |
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| | Under pe | naities of perjury, I declare | that I have exam | ined this return, includir | ng accompanying schedu | les and statements | , and to the best of my knowledge and |
| | belief, it is | s true, correct, and complet | e. Declaration of | preparer (other than offi | cer) is based on all inform | ation of which prep | arer has any knowledge. |
| Sign | | 4.11 | | | | | 1 1 |
| Here | | · d. 1/4 | 1)1 | | | 09 | 11/2014 |
| | Signature | - Chara | 1000 | <u> </u> | | Date ► | |
| | | 1: | 1/0.1 | U | | no: N | ant Transcer |
| | Print you | r name ► 6///44 | IVUVA | 7 | • | Title ► 1755/51 | une ireusurer |
| Paid · | Pr | int/Type preparer's name | | Preparer's signature | | Date | Check if PTIN |
| Prepa | ror | | | | | | self-employed |
| | | rm's name ▶ | | | | | Firm's EIN ▶ |
| Use C | עזווי — | | | | | | Phone no. |
| 015 | | rm's address ▶ | | o. Donowherent of the | Transcome Internal Day | anua Candas O- | |
| Send Fo | rm 8937 | (including accompanyin | g statements) t | o: Department of the | reasury, internal Rev | enue Service, Og | uen, U1 64201-0054 |