Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

1 Issuer's name		2 Issuer's employer identification number (EIN) 51-0372166				
iShares MSCI Italy Capped	I ETE					
3 Name of contact for ad						
		rolophon	e No. of contact	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 delive			street address) of contact	7 City, town, or post office, state, and Zip code of contact		
				, , , , , , , , , , , , , , , , , , , ,		
c/o BlackRock Inc., 1 Univ	ersity Square DR	Princeton, NJ 08540	Princeton, NJ 08540			
8 Date of action		9 Class	sification and description			
00/24/2040	•			Light No.		
08/31/2016 11 Serial number(Commoi	Stock - Regulated Investme			
TO COOIF HUILIDER	0 CUSIP number 11 Serial number(s		12 Ticker symbol	13 Account number(s)		
464286855			* <u></u>	. 7		
	nal Action Attack	odditional	etatamente Knapadad Oper	in the second second		
14 Describe the organiza	tional action and if an	- "	statements if needed. See	back of form for additiona	l questions.	
share or as a percenta	ge of old basis ► The	portion of	on on the basis of the security the distribution that constitu	tes a non-taxable return of c	er as an adjustment per apital will decrease a	
O.O. MAPAYOR 3 DASIS III UIC			eduction of capital is as fol	lows:		
Distribution Payable On:		1	nmon Stock			
June 28, 2016		0.013009	urnon Stock			
			•			
valuation dates ► Issu	er's current and accu	ımulated eants the amo	ata that supports the calculati rnings were compared to di- unt of distributions paid dur nder IRC Section 316.	stributions paid during the v	ear ended August 31.	
For Paperwork Reduction A	ct Notice, see the se	narate inet	ructions	Cat. No. 37752P	Form 8937 (12-2011)	

Form 8937 (F	Rev. 12-2011)			0
Part II	Organizational Action (co	ntinued)		Page 2
0.000				
17 List th	ne applicable Internal Revenue Coo	le section(s) and subsection(s) upor	n which the tax treatment is base	d▶
Internal Re	venue Code Sections 301, 316, 8	52.		
·		n in the second		
19	and the second state of th			
18 Can a	ny resulting loss be recognized? ▶	No	(4)	
40				
			10	
9 Provide	B any other information necessary	to implement the adjustment, such	on the new sateble to	
See Part II. I	tem 15 of this form for the per st	are amounts and dates of distrib	as the reportable tax year ▶	
his organiz	ational action is reportable with	respect to calendar year 2016	utions impacted by this organi	zational action.
	and a doctor is reportable with	respect to calendar year 2016.		
		E		
	· · · · · · · · · · · · · · · · · · ·			
G G				
Unde	er penalties of perjury. I declare that I h	ave examined this return including acc	Omnerving echecules and statement	s, and to the best of my knowledge and
. belie	f, it is true, correct, and complete. Deck	aration of preparer (other than officer) is	based on all information of which pre	parer has any knowledge.
Sign		7 -		
iere Signa	ature > 1		0-4-5	0/10/16
Print	your name > Ronald	Fisher	Acc	istant Treasure
aid	Print/Type preparer's name	Preparer's signature	Title ► /\> Date	OTIM
reparer				Check if FIIN self-employed
se Only	Firm's name		I	
oc Uniy	Firm's address ▶			Firm's EIN ►
end Form 80		ments) to: Department of the Treas	uni Internal Dec. C. 1. C.	Phone no.
O.III OC	Anordania decompanying state	nome) to bepartment of the freas	ury, internai Hevenue Service, O	gen. UT 84201-0054