Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

➤ See separate instructions.

OMB No. 1545-0123

Part I Reporting Is	ssuer			
1 Issuer's name		2 Issuer's employer identification number (EIN)		
The Options Clearing Corpo	oration			36-2756407
			e No. of contact	5 Email address of contact
Thomas Crider			312.322.6200	Form8937@theocc.com
6 Number and street (or P.	O, box if mail is not	7 City, town, or post office, state, and ZIP code of contact		
AOT C. Farmillia Daniel Calle	*200			01.5
125 S. Franklin Street Suite 8 Date of action	1200	Chicago, IL 60606		
o bato of dottors			sification and description	
July 9, 2025		Options	on shares of GraniteShares	s 2x Long PLTR Daily ETF
	11 Serial number(12 Ticker symbol	13 Account number(s)

Dowl II Ouroni-stic	All serie		PTIR	
				ee back of form for additional questions.
				e against which shareholders' ownership is measured for
contracts to reflect a 15 for				Long PLTR Daily ETF (PTIR) is replaced by 15
Contracts to reflect a 15 for	i snare spire cire	cuve uate is .	July 9, 2025.	

ALLONDON				

15 Describe the quantitative share or as a percentage	ve effect of the orga ge of old basis ► <u>6.</u>	nizational act	ion on the basis of the securions in each existing contra	ity in the hands of a U.S. taxpayer as an adjustment per ct is allocated to each of the 15 replacement contracts.
			· · · · · · · · · · · · · · · · · · ·	

A CONTRACTOR OF THE CONTRACTOR			***************************************	
				ation, such as the market values of securities and the oss the replacement contracts.

	······			
		·····		
				
			***************************************	· · · · · · · · · · · · · · · · · · ·

Par		Organizational Action (continued)							
		ne applicable Internal Revenue Code section(s) and subsection(s) upon which the tax trea	tment is based ▶	Section 1012 (a)				

**									

	_								
18	Can a	nny resulting loss be recognized? ► No.							
***************************************		,	***************************************						

		and the same of th	***************************************		······································				

***************************************					***************************************				

***************************************					· · · · · · · · · · · · · · · · · · ·				
19	Provid	de any other information necessary to impler	nent the adjustment, such as the reportable	tax vear▶					
		,			***				
···									

					Address of the second s				
***************************************	*************************								
	Un	der penalties of perjury, I declare that I have exam	nined this return, including accompanying schedul	les and statements,	and to the best of my knowledge and				
٠.		belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
Sign	<u> </u>	mature Manuas Crid	/	8/-	125				
Here	Siç	gnature Momas Crick	D	Pate ►	125				
			_	rai, a. am	Dinastas				
		int your name Thomas Crider Print/Type preparer's name		itle Executive Date	DTINI				
Paid					Check if self-employed				
Pre					Firm's EIN ▶				
Use	Uni	Firm's name			Phone no.				
Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054									