Form **8937**(December 2017) Department of the Treasury

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Internal Revenue Service	See separate instructions.			
Part I Reporting Issuer				
1 Issuer's name		2 Issuer's employer identification number (EIN)		
Invesco S&P® SmallCap Health	27-1805643			
3 Name of contact for additional information	4 Telephone No. of contact	5 Email address of contact		
Investor Service	WWW.INVESCO.COM			
6 Number and street (or P.O. box if mail is no	7 City, town, or post office, state, and ZIP code of contact			
3500 Lacey Road, Suite 700	Downers Grove, IL 60515			
8 Date of action				
July 17, 2023		mpany Shares - Stock Split		
10 CUSIP number 11 Serial number	er(s) 12 Ticker symbol	13 Account number(s)		
46138E149	PSCH			
	ach additional statements if needed. See			
		against which shareholders' ownership is measured for		
		ne Fund affected a 3:1 stock split		
of its shares of the Fun	d			
		in the hands of a U.S. taxpayer as an adjustment per		
		split, the number of Fund shares		
		was held by each shareholder on		
the day immediately preceding	g the stock split. No fract	ional shares will be issued.		
3	• •	ion, such as the market values of securities and the		
valuation dates ► The post-spli	(new) basis per share is e	equal to the pre-split basis divided		
by three. While the basis pe	r share is impacted, the ba	sis of the Fund shareholders'		
total investment remains the	same.			

Part II Organizational Action (continued)

17 L	ist the	e applicable Interr	nal Revenue	Code section	n(s) and subsecti	on(s) upon wh	ich the tax treatme	ent is based	A stock split is		
					` '				n 354(a)(1)		
							e recogniz				
									358(a) provides		
						on receiv	<u>rea in exch</u>	ange Wil	1 be the same as		
the '	tax	basis in t	he stoc	k exchar	nged						
18 Ca	an any	resulting loss be	e recognized	?► As s	et forth a	bove, no	loss is re	cognized	d on the stock split.		
	-										
19 Pr	rovide	any other informa	ation necess	ary to impler	nent the adjustm	ent, such as th	ne reportable tax y	ear ▶ <u>Thi</u>	s organizational		
actio	n is	s reportab	le with	respect	to taxabl	e year e	nded August	31, 202	23.		
									, and to the best of my knowledge an		
	Dellei	, it is true, correct, a	and complete.	Deciaration of	preparer (other tha	an officer) is bas	ed on all information	or which prepa	arer has any knowledge.		
Sign											
Here	Signa	Signature ►					Date	Date ►			
	Print	Print your name ► TANYA LODEN					Title 🕽	Title▶ ASSISTANT TREASURER			
<u></u>		Print/Type prepare			Preparer's signat	ure	Date		PTINI		
Paid									Check if self-employed		
Prepa		Firm's name									
Use C	nly								Firm's EIN ▶		
Cond F	vrno 00	Firm's address Phone no. Phone no.									
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