## 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 I	ssuer								
1 Issuer's name		2 Issuer's employer identification number (EIN)							
Innovative Industrial Propert		81-2963381							
3 Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact					
Catherine Hastings			858-997-3332	catherine.hastings@iipreit.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							
11440 West Bernardo Court	, Suite 220	San Diego, CA 92127							
8 Date of action		9 Class	sification and description	1					
Various, see below		Common	Common Stock						
10 CUSIP number	11 Serial number(s	s)	12 Ticker symbol	13 Account number(s)					
45781V 101			IIPR						
14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ► Distributions in excess of earnings and profits were made on the following dates, resulting in a return of capital to shareholders: 7/14/2017, 10/13/2017									
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 share or as a percentage of old basis ► 7/14/2017 10/13/2017  Distribution per share \$0.15\$ \$0.15									
Return of capital per share	\$0	.096970	\$0.096970						
				on, such as the market values of securities and the dreduce the adjusted basis of stock					

Pa	rt II	Organizational Action (continue	ed)		Page			
17	List th		ion(s) and subsection(s) upon which the tax	treatment is based	► Section 301			
			days to the control of the control o					
-								
18	Can ar	ny resulting loss be recognized? ► Not a	applicable					
	000	Marian						
19	Provide	e any other information necessary to impl	ement the adjustment, such as the reportab	le tax year ►				
					The second			
-								
-								
	Unde belie	er penalties of perjury, I declare that I have exa	amined this return, including accompanying scheon	lules and statements,	, and to the best of my knowledge and			
Sign		elief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
lere		ature ahine	Anha?	Date ► /- 2	5-2018			
Dala		your name ► Catherine Hastings Print/Type preparer's name	Preparer's signature	Title ► CFO Date	Charle I if PTIN			
Paic	arer	Concentration of the Content of the	▼ (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Check if self-employed			
	Only	Firm's name			Firm's EIN ▶			
end	Form 89	Firm's address   337 (including accompanying statements)	to: Department of the Treasury, Internal Rev	(anua Sandas Oss	Phone no.			
		, a accompanying statements	to a partition of the freasury, internal Rev	office, Ugo	1011, UT 042UT-UU04			