► See separate instructions.

P	art I Reporting	Issuer			
1	Issuer's name				2 Issuer's employer identification number (EIN)
Var	nguard S&P Small-Cap	600 Value ETF Shar	27-2948616		
3	Name of contact for ac	Iditional information	4 Telephone No. of contact		5 Email address of contact
	nguard Investor and Cl		online@vanguard.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		
<u>P.0</u>	). Box 2600		Valley Forge, PA 19482		
8	Date of action		9 Classification and description		
3/14	4/2023		Regulate	ed Investment Company	- ETF Shares
	CUSIP number	11 Serial number(	s)	12 Ticker symbol	13 Account number(s)
	921932778			VIOV	
Pa		onal Action Attac	h additiona	-	See back of form for additional questions.
14					date against which shareholders' ownership is measured for
17	-				•
					ETF Shares ("the Fund") occurred at market open on
Mar	rch 14, 2023 for shareh	nolders of record as	of March 13,	2023.	
15	Describe the quantita	ative effect of the orac	nizational act	tion on the basis of the sec	curity in the hands of a U.S. taxpayer as an adjustment per
	•	•			saction. On March 14, 2023, the Fund shareholders of
					it. The shareholder's aggregate basis in the Fund will
	<b>3</b>		as it was bef	fore the split, but the sha	areholder's basis per share will be 1/2 of the basis
imn	mediately prior to the s	share split.			

Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the 16 valuation dates The basis of each pre-split share of the Fund should be multiplied by the inverse of the split ratio to determine the post-split basis per share.

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Part		Organ	izational Action (con	tinued)					*				
			ble Internal Revenue Code		ction(s) upon which	the tax treatmen	t is based <	•					
Interna	I Reve	nue Co	de Sections 305(a), 307(a	), and 1223(4).									
<b>18</b> C	an any	v resultir	ng loss be recognized? ►	Not applicable.									
<b>19</b> P	rovide	any oth	er information necessary to	implement the adju	stment such as the	reportable tax ve	ear 🕨 None						
15 1	Iovide	any our											
			es of perjury, I declare that I ha										
<u>.</u>	Dellet	, it is true	e, correct, and complete. Decla	ration of preparer (othe	than officer) is based	on all information o	r which prepa	arer nas any know	vieage.				
Sign Here	C Signature ►_		Signed copy is maintained by the issuer				2/22/2020	2					
nere						Date > 3/23/2023							
	<b>D</b>		- Doborok Darah					of Fund Tax					
<b>D</b> · ·	Print		ne ► Deborah Perch /pe preparer's name	Preparer's sig	Inature	Title ► Date	Director o	of Fund Tax	PTIN				
Paid			The frequence of manife					Check if self-employed					
Prepa		Firm's	name 🕨					Firm's EIN ►					
Use Only					Firm's name								

Firm's address ► Phone no. Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054