FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | | |
|---|------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| l | Estimated average burd | en | | | | |
| l | hours per response: | 0.5 | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1 Name an | d Address of | 2. Is | Issuer Name and Ticker or Trading Symbol | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | | | |
|--|---|--|---|------------------------------|------------------------------|--|--------|--|------------------------------|--------|--------------------|---|------------------------|----------------------------|----------------------------|---|---|---|--|
| OVER1 | <u>Ex</u> | Extra Space Storage Inc. [EXR] | | | | | | | | (Check | all app Dired | olicable) ctor | | 10% C | wner | | | | |
| , , , | /- - | - | | | | | | | | | | Offic belov | er (give title w) | | Other below) | (specify | | | |
| (Last) 2795 E C | (Fi OTTONW | | 3. Date of Earliest Transaction (Month/Day/Year) 10/18/2017 | | | | | | | | | EVP/Chief Marketing Officer | | | | er | | | |
| SUITE 3 | | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) | /idual o | or Joint/Group Filing (Check Applicable | | | |
| SALT LA | KE U | Γ 8 | 34121 | | | | | | | | | | | X | Forn | n filed by One | e Repor | ting Pers | on |
| CITY | | | | | | | | | | | | | | | Forn Pers | n filed by Mor on | e than | One Rep | orting |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | on-Deriv | ative | Sec | uritie | s Ac | quirec | l, Di | sposed o | f, or B | enefic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (In | | | | | | Securities Beneficially | | Form: | nership Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Trans | action(s) 3 and 4) | | | (Instr. 4) |
| Common | 2017 |)17 | | S | | 600(1) | D | \$8 | \$81.84 | | 83,675 | | D | | | | | | |
| Common Stock 10/19/20 | | | | | | 017 | | S | | 700(1) | D | \$81 | 31.7619 | | 82,975 | | D | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | med on Date, Day/Year) | 4. Transa Code (8) | | | | 6. Date Expirat (Month | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | Deri Seci (Inst | ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ow For Dir or (I) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Number of Shares | | | | | | |

Explanation of Responses:

 $1. \ Sale\ occurred\ pursuant\ to\ a\ 10b5-1\ plan\ entered\ into\ by\ Mr.\ Overturf\ on\ December\ 13,\ 2016.$

John Standage - attorney in fact 10/20/2017

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.