FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|---|
| | J. J | | • |

| OMB APP | ROVAL |
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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

| Name and Address of Reporting Person* Margolis Joseph D | | | | | 2. Issuer Name and Ticker or Trading Symbol Extra Space Storage Inc. [EXR] | | | | | | | | | (Ch | eck all appli | Il applicable) Director | | Person(s) to Issuer 10% Owner | | |
|---|---|--|---|---------|---|------|---|--------|---|------------------------------|--------|---------------------|--|--------|---|---|--|---------------------------------------|--|--|
| | THE GRE | (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/01/2011 | | | | | | | | | | Officer (give title below) | | Other (below) | (specify |
| 67 PARK PLACE EAST - 6TH FLOOR (Street) MORRISTOWN NJ 07960 | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (S | tate) | (Zip) | | - | | | | | | | | | | | Persoi | 1 | | • | |
| | | Tab | le I - No | n-Deriv | vativ | e Se | curit | ies Ac | quir | ed, [| Dis | posed o | of, or | Ben | eficial | ly Owned | ı | | | |
| 1. Title of Security (Instr. 3) | | Date | 2. Transaction Date Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | Securiti Benefic | Amount of ecurities eneficially wned Following | | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Co | ode | V | Amount | | (A) or (D) | Price | Transac (Instr. 3 | tion(s) | | | (1130.4) | |
| Common Stock | | | 08/0 | 1/201 | /2011 | | | | М | | 35,000 | | A | (1) | 57,399 | | | D | | |
| Common Stock 0 | | | 08/0 | 1/201 | /2011 | | | 1 | M | | 35,000 | | D | \$21.2 | 6 22 | ,399 | | D | | |
| | | ٦ | Гable II - | | | | | | | | | osed of, onverti | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transactio Code (Inst 8) | | | | Expi | ate Exe ration nth/Day | Date | | 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4) | | es Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e O S S Illy D O I (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exer | : rcisabl | | Expiration Date | Title | | Amount or Number of Shares | | | | | |
| Stock Options | (1) | 08/01/2011 | | | M | | | 35,000 | | (2) | 1 | (3) | Com | | 35,000 | (1) | 0 | | D | |

Explanation of Responses:

- 1. 30,000 shares purchased at \$13.65 per share (exercise price of the option) and 5,000 shares purchased at \$12.85 per share (exercise price of the option).
- 2. Options vest ratably over four years from the option grant date.
- 3. Options expire 10 years from the date of grant.

Joseph D. Margolis

08/02/2011

** 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.