FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APF	PROVAL					
OMB Number:	3235-0104					
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Add	Date of Event equiring Staten Month/Day/Year 5/24/2016	nent	3. Issuer Name and Ticker or Trading Symbol Extra Space Storage Inc. [EXR]									
(Last) (First) (Middle) C/O 2795 EAST COTTONWOOD PARKWAY		` ′ ′			Relationship of Reporting Pers (Check all applicable) X Director Officer (give title		10% Owner Other (specify		If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check			
(Street) SALT LAKE CITY	UT	84121				below)	below)	,		by One Reporting Person by More than One Person		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock					0 D							
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securi				rcise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiratio Date	n Title		Amount or Number of Shares	Derivativ Security	e or Indirect			

Explanation of Responses:

Grace Kunde - attorney in fact 05/25/2016

** Signature of Reporting Person

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 5 (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.