FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ngton, D.C. 20549 | OMB APPROVAL |
|-------------------|--------------|
| | |

| OMB Number: | 3235-0287 |
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| 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 s | Section | on 30(h) | of the I | nvestmer | it Con | npany Act | of 194 | 10 | | | | | | | | |
|--|--|---------------------------------|--|--|---|--|---|----------|----------|-------------------|--|--------------------|---------------|--|---|---|---|---|---|-----------------------|--|--|
| 1. Name and Address of Reporting Person* PORTER ROGER B | | | | | 2. Issuer Name and Ticker or Trading Symbol Extra Space Storage Inc. [EXR] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issue (Check all applicable) | | | | | | | | |
| PORTER ROGER D | | | | | | | | | | | | | | X C | Directo | or | | 10% C | wner | | | |
| (Last) (First) (Middle) KENNEDY SCHOOL OF GOVERNMENT | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/20/2009 | | | | | | | | | | Officer elow) | er (give title w) | | Other (specify below) | | |
| | | UU | L OF GOVERN | INENI | | | | | | | | | | | | | | | | | | |
| 79 JFK STREET | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | | | | | | | | | | | | | | | - | X Form filed by One Reporting Person | | | | | | |
| CAMBRIDGE MA 02138 | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | | (Sta | te) (2 | Zip) | | | | | | | | | | | | | | | | | | |
| | | | Tabl | e I - Non | -Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | efici | ally Ov | vnec | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Day/Year) if any | | xecution Date, | | | | ecurities Acquired (A losed Of (D) (Instr. 3, | | | nd Se Be Ov | Securities Beneficially Dwned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | y Amount | | | (A) or (D) | Price | ͺ Tra | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 05/20. | | | | | | 20/2009 | | | | | | 9,929 |) | A | (1 | 298,520 | | | 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. Conversi or Exerci Price of Derivativ Security | ersion ercise of ative | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | of | | Expiratio | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | 8. Price Derivati Security (Instr. 5 | ive C | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Direct or Inc (I) (In | vnership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | • | Code | v | | | Date Exercisal | | Expiration Date | Title | Amo or Nun of Sha | ber | | | | | | | |

Explanation of Responses:

1. Market price on date of grant was \$7.05.

<u>Roger B. Porter</u> <u>05/22/2009</u>

** 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.