FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average hurden | | | | | | | | | |

0.5

hours per response:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 and Address of Reporting Person* Woolley Kenneth M. | | | | | | 2. Issuer Name and Ticker or Trading Symbol Extra Space Storage Inc. [EXR] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issu (Check all applicable) | | | | | | |
|---|--|--|--|---------|--|--|---------|-------|-----------------|----------------------------------|----------|---|-------|----------------|---|--|--|------------------------------------|--|--|------------|--|
| Wooney Remietti Wi. | | | | | | | | | | | | | | | X | Direc | | | 10% O | | | |
| (Last) | (Fir | rst) (| Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | _ | | | Officer (give title below) | | Other (specify below) | | | |
| 2795 EAST COTTONWOOD PARKWAY | | | | 05/ | 05/20/2009 | | | | | | | | | | | | | | | | | |
| SUITE 4 | 00 | | | | | | | | | | | | | | | | | | | | | |
| | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| (Street) | | | | | | | | | | | | | | | | | Line) | | | | | |
| SALT LA | AKE III | E UT | 84121 | | | | | | | | | | | | | X | | Form filed by One Reporting Person | | | | |
| CITY | | | | | | | | | | | | | | | | Form filed by More than On Person | | | | | orting | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non | -Deriva | ative | Sec | curitie | s Ac | qui | red, C | isp | osed o | f, o | r Ben | efici | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year | | , 1 | Transaction Dis | | Disposed | curities Acquired (A osed Of (D) (Instr. 3, | | | 4 and S B | | Owned Following | | nership : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | [| Code | v | Amount | | (A) or (D) | Price | • | | ection(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 05/20, | | | | | /2009 | | | | \top | Α | | 9,929 A | | (1 | 1) | 1,695,429 | | | 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) | 3A. Deemed Execution Dat if any (Month/Day/Ye | Date, | Date, Transactio Code (Inst | | | | Exp | Date Exe piration pnth/Day | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | O Fe Di (I) | 0. Iwnership orm: irect (D) r Indirect) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exe | te ercisable | | Expiration Date | Title | or Nu of | ount mber ares | | | | | | | |

Explanation of Responses:

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

Kenneth M. Woolley

05/22/2009

** 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.