FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | |
|---|----------------------|----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-028 | | | | | | | | |
| ı | Estimated average by | urden | | | | | | | | |

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|--|--|
| 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

| OIVID AFFROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: 0.9 | | | | | | | | |

| Name and Address of Reporting Person* McNeal Gwyn Goodson | | | | | 2. Issuer Name and Ticker or Trading Symbol Extra Space Storage Inc. [EXR] | | | | | | | (Ch | Relationship eck all appli Directo | cable) | g Pers | son(s) to Iss 10% Ov Other (s | vner | | |
|---|---|--|--|----------|---|---|---------|---|---|---------|---|---|--|---|---|--|--|--|------------|
| (Last) (First) (Middle) 2795 E COTTONWOOD PARKWAY SUITE 400 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/18/2015 | | | | | | | | | below) | /P/Chief | Lega | below) | |
| (Street) SALT LAKE CITY UT 84121 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | S. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriva | ative | Sec | curitie | s Ac | quired, | Dis | posed c | of, or | Bene | eficial | ly Owned | ł | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | , Transaction Dispos Code (Instr. 5) | | Dispose | rities Acquired (A) ed Of (D) (Instr. 3, | | (A) or 3, 4 and | Benefici | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | () () | A) or D) | Price | Transac (Instr. 3 | ction(s) | | | (111311.4) |
| Common | Common Stock 02/18 | | | 02/18 | /2015 | | A | | 4,015 ⁽¹⁾ A | | \$0 ⁽¹⁾ | 11, | 11,874 | | D | | | | |
| | | Т | able II - | | | | | | uired, D , optior | | | | | | 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 I if any (Month/Day | Date, 1 | ransaction Code (Instr. | | | | 6. Date Exercisal Expiration Date (Month/Day/Year | | Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e Constitution of the Cons | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisab | | xpiration ate | Title | O N O | umber | | | | | |
| Stock Options | \$65.45 | 02/18/2015 | | | Α | | 2,900 | | (2) | 0: | 2/18/2025 | Comm | | 2,900 | \$65.45 | 4,600 | | D | |

Explanation of Responses:

- 1. Restricted stock awards vest 25% annually over four years, beginning on the first anniversary of the grant date. The market value on the grant date was \$65.45.
- 2. Stock options vest 25% annually over four years, beginning on the first anniversary of the grant date.

Grace Kunde - attorney in fact 02/20/2015

** 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 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.