Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

| wasnington, | D.C. 2 | 20549 | |
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| | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | : 0.5 | | | | | | | |

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* OVERTURF JAMES (Last) (First) (Middle) 2795 E COTTONWOOD PARKWAY SUITE 300 (Street) | | | | | | Issuer Name and Ticker or Trading Symbol Extra Space Storage Inc. [EXR] Just of Earliest Transaction (Month/Day/Year) 04/14/2020 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) EVP/Chief Marketing Officer 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | wner specify er pplicable |
|--|--|---------|----------|-------------------------------------|------|---|--|--------|---|--------|-------------------------|---|--|--|--|--|--|-------------|---------------------------|
| SALT LA | AKE UI | Γ 8 | 4121 | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - N | on-Deriva | tive | Secui | rities A | cq | uirec | l, Di | sposed of | , or B | enefi | cially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | Execution Date, | | ٠ : | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4) | | | | and 5) Sec Ber Ow | | urities F eficially (I | | n: Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transa | saction(s) r. 3 and 4) | | | (111501. 4) | |
| Common Stock 04/14/2 | | | 04/14/20 | 20 | | | S | | 833(1) | D | \$97. | .6569 | | 59,612 | | D | | | |
| Common Stock 04/15/20 | | |)20 | | | S | | 833(1) | D | \$93. | \$93.5821 | | 58,779 | | 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 (Instr. 3) 3. Transaction Date Execution Date, (Month/Day/Year) (Month/Day/Year) | | | | ansaction of ode (Instr. Derivative | | ve es d | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | Der Sec (Ins | rice of ivative curity etr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) (I | D) | Date Exerc | isable | Expiration Date | Title | or Number of Shares | er | | | | | |

Explanation of Responses:

1. Sale occurred pursuant to a 10b5-1 plan entered into by Mr. Overturf on November 26, 2019.

Grace Kunde - attorney in fact 04/16/2020

** 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.