FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| 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).

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 * OVERTURF JAMES | | | | | | 2. Issuer Name and Ticker or Trading Symbol Extra Space Storage Inc. [EXR] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|--|--|--|--------------|---------------------------------|---------------------------------|---|---|---------------------|---|--------------------|--------------------|--|--|----------------|---|---|--|---|---------------------------------------|
| (Last) 2795 E CC | (Firs | st) (N | лiddle) Y | | | te of E 5/201 | | Trans | action (N | 1onth/ | Day/Year) | | X | below | , | be | Other (specify below) | | |
| SUITE 300 (Street) | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| SALT LA | KE UT | 8- | 4121 | | | | | | | | | | | | Form filed by More than One Reporti Person | | | | |
| (City) | (Sta | te) (Z | Zip) | | | | | | | | | | | | | | | | |
| ı | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Execution Date | | | 3. Transaction Code (Instr. 8) | | | | and 5) Secu Bend Own | | cially I 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) Prid | | е | Reported Transaction(s) (Instr. 3 and 4) | | | | , mau. 4) | | |
| Common S | 019 | | | | S | | 440(1) | 40 ⁽¹⁾ D | | 5.253 | 6 | 3,449 | D | | | | | | |
| Common Stock 11/26/20 | | | | | | 019 | | | | | 440(1) | D | \$10 | \$106.292 | | 63,009 | | | |
| | 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) | if any | emed ion Date, /Day/Year) | 4. Transac Code (li 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/\) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | of De See (In: | Price rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indirec (I) (Instr. | hip (I D) (ect (| Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

Explanation of Responses:

1. Sale occurred pursuant to a 10b5-1 plan entered into by Mr. Overturf on November 1, 2018.

Grace Kunde - attorney in fact 11/26/2019

** 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.