## Edgar Filing: STATON DANIEL C - Form 4

STATON DA Form 4	NIEL C										
April 02, 2019 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB	OMB APPROVAL OMB 3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).Number: 						January 31, 2005 verage					
(Print or Type R	esponses)										
STATON DANIEL C Symbol Public Sto				Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
				Storage [PSA]				(Check all applicable)			
(Last) (First) (Middle) 3. Date of (Month/Da C/O PUBLIC STORAGE, 701 03/29/20 WESTERN AVENUE			-				X_ Director 10% Owner Officer (give title Other (specify below) below)				
				ndment, Date Original th/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
GLENDALE	E, CA 91201							Form filed by Person	More than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)		Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price			) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	03/29/2019			А	161 <u>(1)</u>	А	\$0	33,846	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
r 0	Director	10% Owner	Officer	Other			
STATON DANIEL C C/O PUBLIC STORAGE 701 WESTERN AVENUE GLENDALE, CA 91201	Х						
Signatures							
/s/ Lily Yan Hughes, Attorney-in-Fact		04/02/20	19				
<u>**</u> Signature of Reporting Person		Date					

## **Explanation of Responses:**

- \* 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).

Grant of fully-vested deferred stock units pursuant to the company's Non-Management Trustee Compensation and Deferral Program under the company's 2016 Equity and Performance-Based Incentive Compensation Plan. Each deferred stock unit represents the right to receive one share of the company's common stock. The number of deferred stock units granted represents the quotient of the dollar

(1) amount of the cash retainers the reporting person has earned for the applicable calendar quarter, divided by the company's closing stock price on the grant date, rounded up to the nearest deferred stock unit. The deferred stock units will be settled in shares of unrestricted common stock (i) in a lump sum upon the reporting person's separation from service as a trustee or (ii) in a lump sum upon the reporting person's earlier death or disability or upon an earlier change of control of the company.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.