Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | D.C. 20549 |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

| | OMB APPROVAL | | | | | | | | |
|-----|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| - 1 | houre per rechance | . 0 = | | | | | | | |

| | | | | | or Sec | ction 3 | 0(h) of the in | vestme | nt Cor | npany Act o | f 1940 | | | | | | | | |
|---|---|--------------|---------------------------------|---|---|--------------------------------|---|--------|--|-------------|---|--|---|--|--|-------------------|---------|---|--|
| 1. Name and Address of Reporting Person* MORRIS DEBRA L | | | | 2. Issuer Name and Ticker or Trading Symbol Rexford Industrial Realty, Inc. [REXR] | | | | | | | | neck all app | olicable) | , | | | | | |
| | | | | | | | | | | | | X Direc | | | 10% O | | | | |
| (Last) (First) (Middle) C/O REXFORD INDUSTRIAL REALTY, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/17/2021 | | | | | | | | Office belov | er (give title v) | | Other (below) | specify | | |
| 11620 W | ILSHIRE E | BOULEVARD, S | SUITE : | 1000 | | | | | | | | | | | | | | | |
| | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) | | | | | | | | | | | | | , | filed by On | e Rep | oorting Pers | on | | |
| ANGEL | ES CA | A 9 | 0025 | | | | | | | | | | Form Pers | n filed by Mo on | re tha | an One Rep | orting | | |
| (City) | (Sta | ate) (Z | ip) | | | | | | | | | | | | | | | | |
| | | Table | I - Noi | n-Deriva | tive S | ecur | ities Acq | uired, | Dis | oosed of | , or Ber | eficia | ally Own | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | Execution Date, | | Transaction Disposed O Code (Instr. 5) | | ties Acquired (A l Of (D) (Instr. 3, | | or 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Transa | ted action(s) 3 and 4) | | | (Instr. 4) | | | | |
| Common | Stock, par | value \$0.01 | | 06/17/2 | 2021 | | | A | | 1,873(1) | A | \$0.0 | 0 2 | 2,551 | | 2,551 D | | D | |
| | | Tal | | | | | ies Acqui varrants, | | | | | | | d | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion Date Execution Date, Tr or Exercise (Month/Day/Year) if any | | 4. Transac Code (II 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | 6. Date Expirati (Month/ | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | erivative derivative security Securities | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownershij (Instr. 4) | | | | |

Explanation of Responses:

1. Represents shares of restricted common stock issued to the Reporting Person pursuant to the Rexford Industrial Realty, Inc. Non-Employee Director Compensation Program, which will vest in full on the earlier of (i) the date of the annual meeting next following the grant date and (ii) the first anniversary of the grant date (June 17, 2022), subject to the Reporting Person's continued service.

Exercisable

and 5)

(A) (D)

Remarks:

/s/ Cher Riban, as attorney-in**fact**

Amount Number

Shares

Title

Expiration Date

06/23/2021

** 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).

Code

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.