FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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gton, D.C. 20549	OMB APPROVAL

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IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028				
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STATEMENT OF CHANGES Check this box if no longer subject to 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

1. Name and Address of Reporting Person* <u>Lanzer David E.</u>						2. Issuer Name and Ticker or Trading Symbol Rexford Industrial Realty, Inc. [REXR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify				
(Last) (First) (Middle) 11620 WILSHIRE BLVD SUITE 1000					12/	3. Date of Earliest Transaction (Month/Day/Year) 12/15/2017									below)	below) nsel			
(Street) LOS AN	GELES C	ZA .	90025		. 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	ndividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(5	•	(Zip) Ie I - Nor																
1. Title of Security (Instr. 3) 2. Transar Date (Month/Da) Table II - Derivati			Day/Ye	action 2A. Deemed Execution Date,			3. Transac Code (Ir 8) Code	tion istr.	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) Amount (A) or (D) Posed of, or Benefic		A) or 5, 4 and Price	5. Amount Securities Beneficial Owned Fransact (Instr. 3 a	nt of es Forn (D) of Following d tion(s)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	Code (In:				6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisabl		xpiration pate	Title	or Nu of	ımber					
LTIP	(1)(2)	12/15/2017			A		11,446		(1)(2)		(1)(2)	Stock,	111	l,446	(1)(2)	11,446		D	

Explanation of Responses:

1. LTIP Units are a class of limited partnership units in Rexford Industrial Realty, L.P. (the "Operating Partnership"). Initially, the LTIP Units do not have full parity with common limited partnership units of the Operating Partnership ("OP Units") with respect to liquidating distributions. However, upon the occurrence of certain events described in the Operating Partnership agreement, the LTIP Units can over time achieve full parity with the OP Units for all purposes. If such parity is reached, vested LTIP Units may be converted into an equal number of OP Units on a one for one basis at any time at the request of the Reporting Person or the general partner of the Operating Partnership. OP Units are redeemable by the holder for an equivalent number of shares of the Issuer's common stock or for the cash value of such

2. (Continued from Footnote 1) The LTIP Units issued pursuant to the Rexford Industrial Realty, Inc. and Rexford Industrial Realty, L.P. 2013 Incentive Award Plan will vest 1/3 in equal installments on December 15 of 2018, 2019 and 2020, subject to earlier vesting upon certain terminations of the Reporting Person's employment or a change of control of the Issuer, in each case as described in the award agreement.

Remarks:

12/19/2017 /s/ David E. Lanzer

\$0.01

** 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.