FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 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)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or	Sect	ion 30(h) c	of the In	nvestment	Com	pany Act	of 1940							
1. Name an <u>Khan A</u>		f Reporting Person [*]	k						er or Tradin l Realty	,		EXR]		(Che	ck all applic Directo	able) r	Person(s) to Iss 10% O Other (wner	
(Last) (First) (Middle) 11620 WILSHIRE BOULEVARD SUITE 1000					12	3. Date of Earliest Transaction (Month/Day/Year) 12/15/2017 4. If Amendment, Date of Original Filed (Month/Day/Year)								- >	below)	below) below) Chief Financial Officer			
(Street) LOS ANGELES CA 90025 (City) (State) (Zip)				_ 4.	Line)									i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tal	ole I - No	n-Deriv	vativ	e Se	curities	Acq	uired, D	isp	osed o	of, or Be	enef	iciall	y Owned				
1. Title of Security (Instr. 3) 2. Transar Date (Month/Da						2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispo		Disposed	rities Acquired (A) ed Of (D) (Instr. 3,			5. Amour Securitie Beneficia Owned F	s Fally (I ollowing (I	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	,	Amount	(A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
			Table II -						ired, Dis						Owned				
1. Title of Derivative Security (Instr. 3) Price of Derivatin Security		3. Transaction Date (Month/Day/Year)	Execution	Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		urity	Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisable		opiration	Title	or Nu of	nount mber ares					
LTIP Units ⁽¹⁾⁽²⁾	(1)(2)	12/15/2017			A		22,891		(1)(2)		(1)(2)	Common Stock, par value	22	,891	(1)(2)	92,394	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:

/s/ Adeel Khan

\$0.01

12/19/2017

** 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.