FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

n, 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 Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Frankel Michael S.</u>						2. Issuer Name and Ticker or Trading Symbol Rexford Industrial Realty, Inc. [ REXR ]									k all applic Directo	10% Owner		/ner	
(Last) (First) (Middle) 11620 WILSHIRE BOULEVARD SUITE 1000						3. Date of Earliest Transaction (Month/Day/Year) 02/15/2019									X Officer (give title below) Other (specify below)  Co-CEO, Co-President				
Street) LOS ANGELES CA 90025 (City) (State) (Zip)				- 4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	′					
		Tab	le I - Nor	ı-Deriv	/ative	e Se	curities	s Ac	quired, [	Disp	osed o	f, or Be	nefic	ially	Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution [			3. Transac Code (In	action Disposed Of (		ties Acquired (A) d Of (D) (Instr. 3, 4		4 and Securi		s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)		e	Transact (Instr. 3 a	ion(s)			(Instr. 4)	
	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	ecution Date, T		ction Instr.			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Ame of Securities Underlying Derivative Secu (Instr. 3 and 4)		5	. Price of Perivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration vate	Title	Amou or Numb of Share	er					
LTIP Units <sup>(1)(2)</sup>	(1)(2)	02/15/2019			A		24,641		(1)(2)		(1)(2)	Common Stock, par value \$0.01	24,6	41	(1)(2)	245,97	3	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 Amended and Restated Rexford Industrial Realty, Inc. and Rexford Industrial Realty, L.P. 2013 Incentive Award Plan are fully vested and nonforfeitable as of February 15, 2019.

## Remarks:

/s/ Michael S. Frankel

02/21/2019

\*\* 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.