FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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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

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1. Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol Rexford Industrial Realty, Inc. [REXR]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Schwimmer Howard</u>						NEATOTA INGUSTRA INC. [NEAR]								X	Direc	ctor	10%	Owner		
(Last) (First) (Middle)						3. D	Date of Earliest Transaction (Month/Day/Year)								X	Offic belov	er (give title w)	Oth belo	er (specify w)	
` '		`	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			08/24/2015								Co-CEO, Co-President					
11620 WILSHIRE BOULEVARD																				
SUITE 1000						-														
(O: 1)						· 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) LOS AN	CELEC A	C 1	0	00025											X	Forn	n filed by One	Reporting Pe	erson	
LUS AIN	GELES (CA	9	10025												Forn	n filed by Mor	e than One R	eportina	
-																Pers			.,	
(City)	((Stat	e) (2	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Execution Date,		3. Transaction Code (Instr. 3, 4 a disposed Of (D) (Instr. 3,			and 5) Securities Beneficia Owned Fo		ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership						
								Code	v	Amount	(A) o	r Pric	e		ted action(s) 3 and 4)		(Instr. 4)			
Common Stock, par value \$0.01 08/24/20				2015)15		P		3,700	A	\$13	\$13.42(1)		42,960	I ⁽²⁾	See Footnote (2)				
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. Conversio or Exercis Price of Derivative Security	on l se (3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/E	on Date,	4. Transactic Code (Ins				6. Date Exercis Expiration Date (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deri Sec (Insi	vative urity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
						Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Number of Shares						

Explanation of Responses:

- 1. This transaction was executed in multiple trades at prices ranging from \$13.38 to \$13.43. The price reported above reflects the weighted average purchase price. Full information regarding the number of shares purchased at each price shall be provided upon request to the Staff of the U.S. Securities and Exchange Commission, the Issuer, or a security holder of the Issuer.
- 2. Represents shares of common stock purchased by the Schwimmer Living Trust dated December 14, 2001, for which the Reporting Person is a trustee.

Remarks:

/s/ Howard Schwimmer 08/26/2015

** 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.