Edgar Filing: Public Storage - Form 4

Public Stora	ige										
Form 4											
February 21	_										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB										PROVAL	
UNITED STATES SECUR								01/11/11/01/01	OMB Number:	3235-0287	
Check th			Washington, D.C. 20549						Expires:	January 31,	
if no longer subject to Section 16. STATEMENT OF CHAN				ANGES IN BENEFICIAL OWNE SECURITIES				ERSHIP OF	•	2005	
									Estimated a burden hour		
Form 4 c									response	0.5	
Form 5 obligation							•	Act of 1934,			
may con	tinue. Section 17(a			tility Hold				1935 or Section	1		
<i>See</i> Instr 1(b).	ruction	50(II) (Ji ule III	ivestinent	Compa	Iy At	1 01 1940	0			
1(0).											
(Print or Type	Responses)										
1. Name and A Glick Steve	Address of Reporting I							5. Relationship of Reporting Person(s) to Issuer			
Glick Steve			Symbol								
Put				iblic Storage [PSA]				(Check all applicable)			
(Last)	(First) (N			f Earliest Ti	ransaction			Director	100	Owner	
C/O PUBLIC STORAGE, 701 02/20/2			n/Day/Year) /2014				XOfficer (give titleOther (specify				
WESTERN AVENUE			02/20/2	/2011			below) below) SVP, Chief Legal Officer & Sec				
			4 TE A	andmont Data Original			-				
				-				6. Individual or Joint/Group Filing(Check Applicable Line)			
Thedino				nui/Day/Tear)				_X_ Form filed by One Reporting Person			
GLENDAL	LE, CA 91201							Form filed by M Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Tabl	la I. Nam F) 	C		ind Discould of	an Dan affaiall	ler Oerreed	
							-	iired, Disposed of,		•	
1.Title of Security	2. Transaction Date (Month/Day/Year)			3. Transactic	4. Securi or(A) or Di			5. Amount of Securities	6. Ownership	7. Nature of Indirect	
(Instr. 3)	(inonial Day, real)	any	n Date, if Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)						Form: Direct Benefic (D) or Owners		
		(Month/Da						Owned Following		Ownership	
								Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)	
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common	02/20/2014			F	368	D	\$	14,436 <u>(1)</u>	D		
Stock	,				200	-	166.71	, . <u> </u>			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: Public Storage - Form 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 Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addre	SS	Relationships							
	Director	10% Owner	Officer	Other					
Glick Steven M. C/O PUBLIC STORAGE 701 WESTERN AVENUE GLENDALE, CA 91201			SVP, Chief Legal Officer & Sec						
Signatures									
/s/ Steven M. Glick	02/21/2014								
**Signature of	Date								

Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) Includes 10,689 restricted share units.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.