FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL						
OMB Number:	3235-0287					
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	es)														
Name and Address of Reporting Person * Van Mourick Mark				2. Issuer Name and Ticker or Trading Symbol National Storage Affiliates Trust [NSA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 24901 DANA POINT HARBOR DRIVE, SUITE 230				3. Date of Earliest Transaction (Month/Day/Year) 04/28/2015							er (give title belo	ow)	Other (speci	ry below))	
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person								
DANA POINT, CA 92629									Form filed by More than One Reporting Person							
(City))	(State)	(Zip)	Tal	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		Execution Date, if Code			\ /		isposed of		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership of Form: Be Direct (D)		Nature Indirect neficial vnership str. 4)			
					Со	de	V	Amount	(A) or (D)	Price				(I) (Instr. 4)	`	su. 1)
	shares of t		04/28/2015		F	,		800 (1)	A	\$ 13	3 800			I	See Foo (1)	e otnote
Reminder: I	Report on a	separate line fo	or each class of secu	urities beneficially of	owned	direct	tly or	r								
				Persons who respond to the collection of information contained i this form are not required to respond unless the form displays a currently valid OMB control number.							SEC 1	1474 (9- 02)				
				Derivative Securiti 2.g., puts, calls, wa								i				
Security	Conversion Date	ercise (Month/Day/Y of ative	Year) Execution Da		5. Num of Deriva Securi Acquii (A) or Dispos of (D) (Instr. 4, and	tive ties red sed sed 3,	and I	ate Exerc Expiratio nth/Day/\	n Date	Am Uno Sec	Title and ount of derlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owne Form Deriv Secur Direc or Ind	ership of lative city: (t (D) direct	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
				Code V	(A)		Date Exer		Expiratio Date	n Titl	or Number of Shares					

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Van Mourick Mark 24901 DANA POINT HARBOR DRIVE SUITE 230 DANA POINT, CA 92629	X					

Signatures

Mark Van Mourick, by Jason Parsont, its Attorney-in-fact	04/30/2015		
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).

Represents common shares of beneficial interest, \$0.01 par value purchased pursuant to the Issuer's directed share program in connection with its initial public offering by Optivest Properties, LLC for which the Reporting Person has or shares voting and investment power. This filing shall not be deemed to be an admission that the Reporting

(1) Person is the beneficial owner of any of the securities reported herein, and the Reporting Person disclaims beneficial ownership of such securities except to the extent of

the Reporting Person's pecuniary interest therein.

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.