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
П	to Section 16. Form 4 or Form 5
ш	obligations may continue. See
	Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person*     Ainsworth Chad						2. Issuer Name and Ticker or Trading Symbol MOBILE MINI INC [ MINI ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner						
(Last) (First) (Middle) 4646 E VAN BUREN STREET						3. Date of Earliest Transaction (Month/Day/Year) 02/04/2019									X Officer (give title Other (specify below) below)  VP & CHIEF ACCOUNTING OFFICER					
SUITE 400							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) PHOENIX AZ 85008													X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St	tate) (	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					- 1	Execution Date,					Disposed	ties Acqu d Of (D) (li		Securities Beneficially Owned		6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) o	r Price	Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)					
Common Stock \$0.01 Par Value 02/04/20					2019	)19			A		480(1)	) A	\$36.4	41 8,	8,246		D			
Common Stock \$0.01 Par Value 02/04/20						)19		F		142 <sup>(2)</sup> D		\$36.4	41 8,	8,104		D				
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	emed on Date, /Day/Year)	4. Transac Code (In 8)		of		6. Date Exercis Expiration Date (Month/Day/Ye		te	Amount Securitie Underlyi Derivativ	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares							
Employee Stock Option	\$28.85	02/04/2019			A		896 <sup>(3)</sup>		02/04/20	19	02/04/2029	Common Stock \$0.01 Par Value	896	\$0.00	1,792		D			
Employee Stock Option	\$32.55	02/04/2019			A		2,102 <sup>(4)</sup>		02/04/20	19 (	02/04/2029	Common Stock \$0.01 Par Value	2,102	\$0.00	8,408		D			

## Explanation of Responses:

- 1. Additional stock shares vested as a result of company exceeding target based achievements for stock awarded on 2/01/2018.
- 2. Shares withheld to satisfy tax withholding for vesting of additional performance based stock.
- $3. \ Additional \ stock \ options \ vested \ as \ a \ result \ of \ company \ exceeding \ target \ based \ achievements \ for \ stock \ options \ awarded \ on \ 2/01/2016.$
- 4. Additional stock options vested as a result of company exceeding target based achievements for stock options awarded on 2/01/2017.

## Remarks:

/a/ Christopher J. Miner as Attorney-In-Fact

02/07/2019

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.