SEC	Form	4

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the

## 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 OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

		Table I - Non	-Derivative Securities Acquired, Disposed of, or Bene	eficially Owned				
(City)	(State)	(Zip)						
SAN FRANCISCO	CA	94111						
(Street)				X Form filed by One Reporting Person Form filed by More than One Reporting Person				
C/O PROLOGIS, INC., PIER 1, BAY 1			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Last)	(First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/31/2025	Officer (give title Other (specify below) below)				
1. Name and Address of Reporting Person * Connor James B.			2. Issuer Name and Ticker or Trading Symbol <u>Prologis, Inc.</u> [PLD]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
issuer that is inten- affirmative defense 10b5-1(c). See Ins	e conditions of Rule							

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed3.Execution Date,Transactioif anyCode (Instr(Month/Day/Year)8)		tion				Following Reported	(Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)		Derivativ Securitie Acquired Dispose	Derivative Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed of D) (Instr. 3, 4		d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Dividend Equivalent Units - NQDC	\$0 <sup>(1)</sup>	03/31/2025	03/31/2025	A		36.441		(1)	(1)	Common Stock	36.441	\$0	4,069.8554	D	

## Explanation of Responses:

1. Represents Dividend Equivalent Units (DEUs) earned on Deferred Stock Units (DSUs) associated with current service on our board that are deferred under the Prologis, Inc. Nonqualified Deferred Compensation Plan (the NQDC Plan). DEUs accrue on outstanding DSUs at the Prologis common stock dividend rate at the time dividends are paid on Prologis common stock. DEUs and the underlying DSUs vest 100% on the earlier of the first anniversary of the grant date or the first annual meeting of the stockholders of Prologis after the grant date (generally in May each year). The receipt of such DEUs is deferred along with the underlying DSUs. DSUs and DEUs are paid in the form of Prologis common stock at the rate of one common share per DSU or DEU. Balance in column 9 includes DSUs and DEUs.

/s/ Tammy Colvocoresses,	
Attorney-In-Fact for James B.	04/02/2025
Connor	
** 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.