#### FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
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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).

#### 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 Kesponses	,												
1. Name and Address of Reporting Person* FOTIADES GEORGE L  (Last) (First) (Middle) C/O PROLOGIS, INC., PIER 1, BAY 1				2. Issuer Name and Ticker or Trading Symbol     Prologis, Inc. [PLD]     3. Date of Earliest Transaction (Month/Day/Year)     05/03/2012					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director 10% Owner Officer (give title below) Other (specify below)					
								_						
(Street) SAN FRANCISCO, CA 94111			4	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  Form filed by More than One Reporting Person				
(City		(State) (Zip)			Table I - Non-Derivative Securities Acq					uired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)	Title of Security 2. Transaction 2A. Deemed 3. Transaction 4. Securities Acq		Date (Month/Day/Year)	Execution Date, if Code (Instr		Code	(A) or Disposed (Instr. 3, 4 and a		d of (D) Owned Fol 5) Transaction (Instr. 3 an				Ownership (Form: Direct (D) or Indirect (D)	Beneficial Ownership
							(I) (Instr. 4)							
Reminder:							contain		orm are no	t require		nd unless tl		474 (9-02)
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Year	3A. Deemed Execution Date, if	4. Transact	5. Notion of Der Sec (A) Dis of (Ins	ivative urities quired or posed D) str. 3, 4,	containe form dis	ed in this for splays a cu sed of, or Bo recrible sec ercisable tion Date	orm are no rrently val	ot required id OMB c  Owned  d Amount ring	8. Price of	nd unless tl	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Nature of Indire Benefici o Ownersi (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transact	5. Notion of Der Sec (A) Dis of (	Jumber vivative urities quired or posed D) str. 3, 4, 5)	containe form districted, Disposor options, con 6. Date Exand Expira (Month/Date Date Exercisable	sed in this for splays a cu sed of, or Be exercisable tion Date y/Year)  Expiration	rently valurities) 7. Title and of Underly Securities (Instr. 3 and	ot required id OMB c  Owned  d Amount ring	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(	f 10. Ownersh: Form of Derivativ Security: Direct (D or Indirect	11. Nature of Indire Benefici o Ownersi (Instr. 4)

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
FOTIADES GEORGE L C/O PROLOGIS, INC. PIER 1, BAY 1 SAN FRANCISCO, CA 94111	X					

#### **Signatures**

/s/ Kristi Oberson attorney in fact for George Fotiades	05/07/2012
**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).
- Deferred Stock Units (DSUs) granted on May 3, 2012 vest 100% on the earlier of the first anniversary of the grant date or the first annual meeting of the stockholders of Prologis that (1) occurs after the grant date and are deferred under the Prologis, Inc. Nonqualified Deferred Compensation Plan. DSUs are convertible into Prologis common stock on a 1-for-1 basis. DSUs earn dividend equivalent units (DEUs) when distributions are declared on Prologis common stock and have no exercisable or expiration date.

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.