# FORM 4

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

OWR APPE	ROVAL
OMB Number:	3235-0287
Estimated average	burden
houre per reenone	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

1. Name and Address of Reporting Person SKELTON JEFFREY L  (Last) (First) (Middle)  C/O PROLOGIS, INC., PIER 1, BAY 1  (Street)  SAN FRANCISCO, CA 94111		2. Issuer Name and Ticker or Trading Symbol Prologis, Inc. [PLD]     3. Date of Earliest Transaction (Month/Day/Year)     12/31/2013     4. If Amendment, Date Original Filed(Month/Day/Year)						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner							
							_	Officer (gi	ve title below)	Oth	er (specify below	v)			
								6. Individual or Joint/Group Filing(Check Applicable Line)  _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				ne)			
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu					es Acquire	ired, Disposed of, or Beneficially Owned					
1.Title of Secu (Instr. 3)	urity	1	2. Transaction Oate Month/Day/Year)	2A. Deem Execution any (Month/D	Date,	ar) Co		(A)	ecurities Accor Disposed tr. 3, 4 and 5	of (D) Ov 5) Tra (In		•	ed (	Ownership of Form:	Beneficial Ownership
			Table II -					red, Dispos	d in this fo plays a cur ed of, or Ber vertible secu	rently vali	d OMB co			e	
Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Yea	3A. Deemed Execution Date	(e.g., puts, 4. e, if Transa Code	calls,	5. Num of Deriv	ber vative rities nired or osed o) r. 3,	form dispose	ed of, or Ben vertible securcisable ion Date	rently vali	wned  Amount	ontrol num	9. Number o	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	(Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date any	(e.g., puts, 4. e, if Transa Code	calls, action 8)	5. Num of Deriv Secur Acqu (A) o Dispo of (D (Instr 4, and	ber vative rities iired or osed ) r. 3, d 5)	form dispred, Dispose ptions, contact Executions and Expirat	ed of, or Bervertible securcisable ion Date y/Year)	neficially Ourities)  7. Title and of Underly Securities (Instr. 3 and	wned  Amount	8. Price of Derivative Security	9. Number or Derivative Securities Beneficially Owned Following Reported Transaction(	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	of Indirect Beneficia Ownersh (Instr. 4)

#### **Reporting Owners**

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

### **Signatures**

/s/ Tammy Colvocoresses attorney in fact for Jeffrey L. Skelton	01/03/2014
**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 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

(1) 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.

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.