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

| OMB APPRO | √AL |
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longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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 Type | e Responses) | | | | | | | | | | | | | | | | |
|---|---|--|-------------------------------|---|---|--------|------------------------------------|--------------------------|--|--|--|--|---|--|---|-----------------------|--|
| 1. Name and Address of Reporting Person * Anderson Gary E | | | | | Issuer Name and Ticker or Trading Symbol Prologis, Inc. [PLD] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| C/O PROLOGIS, INC., PIER 1, BAY 1 (Street) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/13/2014 | | | | | | | X Officer (give title below) Other (specify below) CEO, Europe and Asia | | | | | |
| | | | | 4. | If Amen | dme | ent, Date C | Origir | nal Filed(Mont | h/Day/Year) | _X_ | 6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| SAN FRANCISCO, CA 94111 (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqui | | | | | | | | ured Disposed of or Reneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | 2A. Deemed Execution Date, any (Month/Day/Yea | | 3. Transacti Code (Instr. 8) | | | | quired of (D) Tran (Inst | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | 6. Ownership Form: | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| Reminder: R | eport on a se | parate line for each c | | - De | erivative | e Sec | curities A | cqui | Persons v contained form disp | l in this for lays a curr d of, or Ben | nd to the corm are not rently valid | equired OMB co | to respon | d unless the | | 1474 (9-02) | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, | e, if | 4. if Transact Code | | 5. Number of Derivative Securities | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) | Owners Form of Derivat Security Direct (or Indir | Ownersl (Instr. 4) | |
| | | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4 | •) | |
| Restricted Stock Units (1) | \$ 0 | 02/13/2014 | 02/13/2014 | 4 A | | 30,614 | | (1) | (1) | Common Stock | 30,614 | \$ 0 | 69,827 | D | | | |
| Report | ting Ov | vners | | | | | | | | | | | | | | | |
| | | | | | Relationships | | | | | | | | | | | | |
| Repor | porting Owner Name / Address | | Director | 10% Owner | | Of | Officer | | | Other | | | | | | | |
| Anderson Gary E C/O PROLOGIS, INC., PIER 1, BAY 1 SAN FRANCISCO, CA 94111 | | | | CEO, Europe | | | e and Asia | | | | | | | | | | |
| Signatı | ures | | | | | | | | | | | | | | | | |
| /s/ Tammy | y Colvocoi | resses, attorney in | | ry E | E. Ande | rso | n | | 02/18/201 | 4 | | | | | | | |
| | | —signature of Reporting | g retson | | | | | | 2 200 | | | | | | | | |
| Evnlan | ation (| of Dosnons | 00. | | | | | | | | | | | | | | |

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).
- Restricted Stock Units (RSUs) which vest 34% on 2/13/2015 and 33% on each of 2/13/2016 and 2/13/2017. The RSUs convert into Prologis common shares upon vesting on a 1-for-1 basis. RSUs have no exercise price or expiration date.

| 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. |
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