FORM	4
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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).

(Print or Type Responses)

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

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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 Responses)										
1. Name and Address of Reporting Per Olinger Thomas S	2. Issuer Name a Prologis, Inc. [or Tr	ading Syn	nbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
C/O PROLOGIS, INC., PIER 1	3. Date of Earliest Transaction (Month/Day/Year) 07/24/2014						X_Officer (give title below) Other (specify below) Chief Financial Officer Other (specify below)			
(Street) SAN FRANCISCO, CA 94111	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 Acquired, Disposed of, or Beneficially Owned								
(Instr. 3)	Date (Month/Day/Year)	Execution Date, if			(A) or Di	. Securities Acquired A) or Disposed of (D) Instr. 3, 4 and 5) (A) or Amount (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership
Common Stock	07/24/2014	07/24/2014	S		14,800		\$ 42.12 (1)	50,299	D	
Common Stock	07/24/2014	07/24/2014	G		1,200	D	\$0	49,099	D	
Common Stock								40,275	Ι	Rabbi Trust <mark>(2)</mark>

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

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.			6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n Nı	Number and Expiration Date A		Amou	unt of	Derivative	Derivative	Ownership	of Indirect		
Security	or Exercise	(Month/Day/Year)	any	Code	of			(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	De	erivat	ive			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Se	ecuriti	ies			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				A	cquire	ed			4)			Following	Direct (D)	
					(A	() or							Reported	or Indirect	
					Disposed							Transaction(s)	(I)		
					of	(D)							(Instr. 4)	(Instr. 4)	
					(Instr. 3,										
					4, and 5)										
											Amount				
								Data	Expiration		or				
										Title	Number				
								Exercisable	Date		of				
				Code V	7 (A	A) (D)				Shares				

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Olinger Thomas S C/O PROLOGIS, INC. PIER 1, BAY 1 SAN FRANCISCO, CA 94111			Chief Financial Officer					

Signatures

/s/ Tammy Colvocoresses, attorney in fact for Thomas S. Olinger	07/25/2014
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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).
- The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$42.11 to \$42.14. The reporting person (1) undertakes to provide to Prologis, Inc., any security holder of Prologis, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each price.
- (2) Held indirectly through a rabbi trust pursuant to our nonqualified deferred compensation plans.

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.