FORM 4

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

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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 response														
Name and Address of Reporting Person * Olinger Thomas S				2. Issuer Name and Ticker or Trading Symbol Prologis, Inc. [PLD]					5. I	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O PROLOGIS, INC., PIER 1, BAY 1				3. Date of Earliest Transaction (Month/Day/Year) 09/17/2014					X	X_Officer (give title below) Other (specify below) Chief Financial Officer					
(Street)				4. If Amendment, Date Original Filed(Month/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 FR	ANCISCO), CA 94111									Tomi med by	Wiore than One	c reporting reisor		
(Cit	y)	(State)	(Zip)			Table	I - N	on-Derivat	tive Securiti	ies Acquired	l, Disposeo	d of, or Ben	eficially Own	ed	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		n Date, i	f Cod (Ins		4. Securities Acc (A) or Disposed (Instr. 3, 4 and 5		of (D) Owned Follo Transaction(s		f Securities Beneficially wing Reported s)		Ownership of	Nature Indirect eneficial	
				(Month/E	Day/Yea	/Year)		V Am	(A) or ount (D)	ì	str. 3 and 4)	0	r Indirect (D) (Ir (Ir (D) (Ir (Ir (D) (Ir	wnership nstr. 4)
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Reminder:	Report on a s	separate line for each						containe	d in this fo	rm are not	required	to respon	d unless the		74 (9-02)
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1. Title of Derivative Security	2. Conversion or Exercise Price of	3. Transaction Date	Table II -	Derivative (e.g., puts.) 4. f Transact Code	5. 1 tion of Sec) Ac or of (In	varran Numbe Deriva curities quired	cquiro nts, oper er tive a s (A)	contained form disp ed, Dispose otions, conv 5. Date Exe and Expirati	d in this foolays a cur ed of, or Ben vertible securcisable ion Date	rently valid reficially Overities) 7. Title and of Underlying Securities	required d OMB co wned Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi
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	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	09/19/2014
**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 the LTIP Units of Prologis, L.P. (the "LTIP Units") which vest in three equal installments on each of 9/17/2015, 9/17/2016 and 9/17/2017, subject to continued (1) employment. The LTIP Units were issued to the reporting person pursuant to the Prologis, Inc. (the "Company") Second Amended and Restated Prologis Promote Plan in connection with certain co-investment venture incentive distributions paid to the Company or its affiliate.

Conditioned upon minimum allocations to the capital accounts of the LTIP Units for federal income tax purposes, each vested LTIP Unit may be converted, at the election of the holder, into a common unit of limited partnership interest in Prologis, L.P. (a "Common Unit"). Each Common Unit acquired upon conversion of a vested LTIP Unit may be presented

(2) for redemption, at the election of the holder, for cash equal to the then fair market value of a share of Common Stock of the Company (the "Common Units and redeem Common Units have no expiration dates.

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.