

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

OMB APPROVAL				
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Estimated average burden				
nours per respons	se 0.5			

INITIAL STATEMENT OF 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)							
Name and Address of Reporting Person * OCONNOR DAVID P	2. Date of Event Requiring Statement (Month/Day/Year) — 01/20/2015			3. Issuer Name and Ticker or Trading Symbol Prologis, Inc. [PLD]			
(Last) (First) (Middle) C/O PROLOGIS, INC., PIER 1, BAY 1			4. Relationship of Issuer	1 0		5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) SAN FRANCISCO, CA 94111			X_ Director Officer (give tit	all applicable) == 10% Own Other (spe	Applicable I _X_ Form fi	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 Beneficially Owned						
1.Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock, par value \$.01	25,000			D			
unless the form disp	id to the collect lays a currently	tion of info	rmation contained in		·		
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)			•	Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Expir Exercisable Date	Trul Amount of Number of		(D) or Indirect (I) (Instr. 5)			
Danauting Oxynaus							

Reporting Owners

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

Signatures

/s/ Tammy Colvocoresses, attorney in fact for David P. O'Connor		01/26/2015
**Signature of Reporting Person		Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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).

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.