FORM 4

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

| OMB APPROVAL | | | | | |
|--------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average | burden | | | | |
| houre nor reenoned | 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

| Name and Address of Reporting Person * Curless Michael S | | | 2. Issuer Name and Ticker or Trading Symbol Prologis, Inc. [PLD] 3. Date of Earliest Transaction (Month/Day/Year) 03/13/2015 | | | | | 5.1 | 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 (Street) SAN FRANCISCO, CA 94111 | | | | | | | | | X Officer (give title below) Other (specify below) Chief Investment Officer 6. Individual or Joint/Group Filing(Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | | | | | |
| (City) (State) (Zip) | | | (Zip) | Table I - Non-Derivative Securities Acqu | | | | | ies Acquirec | dired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | | 2A. Deemed Execution Date any (Month/Day/Ye | | (Instr. 8) | | (A) or Disposed | | Owned Folk Transaction (Instr. 3 and | | . / | | 6. Ownership Form: I Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | who respo | | | | d unless th | | 474 (9-02) |
| | | | Table II - 1 | Derivativ | e Se | curities A | .cqui | | olays a cur | rently valid | d OMB co | | | G | |
| 1. Title of Derivative Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if | 4. Transac Code | , cal | 5. Numb of Deriva Securitie Acquired or Dispo of (D) | er ative ss d (A) sed | form dispose ptions, con | ed of, or Ben vertible secu reisable ion Date | rently valid | wned Amount | 8. Price of Derivative Security (Instr. 5) | | | Beneficia Ownersh (Instr. 4) |
| Derivative Security | Conversion or Exercise Price of Derivative | Date | 3A. Deemed Execution Date, if | 4. Transac Code | , cal | 5. Numb of Deriva Securitie Acquired or Dispo | er ative ss d (A) sed | form displayed form displayed form displayed forms, compared for the form of the form of the form displayed for | ed of, or Ben vertible securcisable ion Date y/Year) | rently validate reficially Oririties) 7. Title and of Underly. Securities (Instr. 3 and | wned Amount | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following | f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec | of Indirection Beneficial Ownersh (Instr. 4) |
| Derivative Security | Conversion or Exercise Price of Derivative Security | Date | 3A. Deemed Execution Date, if | e.g., puts 4. Transac Code (Instr. 8 | tion) | ls, warra 5. Numb of Derive Securitie Acquirec or Dispo of (D) (Instr. 3, and 5) | er ative es d (A) sed | form displayed form d | ed of, or Ben vertible securcisable ion Date y/Year) | rently validation reficially Ourities) 7. Title and of Underly Securities (Instr. 3 and | Amount or Number of Shares | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(| f 10. Ownersh Form of Derivativ Security: Direct (D or Indirect s) (I) | of Indirection Beneficial Ownersh (Instr. 4) |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|--------------------------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Curless Michael S C/O PROLOGIS, INC., PIER 1, BAY 1 SAN FRANCISCO, CA 94111 | | | Chief Investment Officer | | | |

Signatures

| /s/ Tammy Colvocoresses, attorney in fact for Michael S. Curless | 03/17/2015 |
|--|------------|
| **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 LTIP Units of Prologis, L.P. (the "LTIP Units") which vest 34% on 3/13/2016 and 33% on each 3/13/2017 and 3/13/2018, subject to continued employment. The LTIP (1) Units were issued to the reporting person pursuant to the Prologis, Inc. 2012 Long-Term Incentive Plan (the "2012 LTIP").
 - 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 Stock"), except that the Company may, at its election, acquire each Common Unit so presented for one share of Common Stock. The rights to convert vested LTIP Units into Common Units and redeem Common Units have no expiration dates.
- (3) Represents LTIP Units which vest 40% on each of 3/13/2016 and 3/13/2017 and 20% on 3/13/2018, subject to continued employment. The LTIP Units were issued to the reporting person pursuant to the 2012 LTIP.

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.