FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 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

(Print or Ty	pe Response	s)										_					_
1. Name and Address of Reporting Person * Anderson Gary E				2. Issuer Name and Ticker or Trading Symbol Prologis, Inc. [PLD]							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) 03/18/2015						X Officer (give title below) Other (specify below) CEO, Europe and Asia							
(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)		Ta	able I	- Nor	ı-Der	ivative s	Securition	es Acq	uired, Disp	osed of, or	Beneficially	Owned		
(Instr. 3) D		2. Transaction Date (Month/Day/Year)			(Instr. 8)		ction	4. Securities Acquir (A) or Disposed of ((Instr. 3, 4 and 5)		of (D)			Following	Ownership Form:	Beneficial	of Indirect Beneficial	
				(Month	/Day/Year)		ode	V	Amoun	(A) or t (D)	Price	Ì	,		Direct (D) or Indirect (I) (Instr. 4)	Ownershi (Instr. 4)	р
Common	Common Stock 03/		03/18/2015	03/18/2015			S		9,250	D	\$ 43.5 (1)	44,543	44,543		D		
Common	Stock											1,576	2)		I	By 401(k) Plan	
Reminder:	Report on a s	separate line fo	or each class of secur	rities ben	neficially o	wned		•									
								cont	ained i	n this f	orm a	re not req	ection of inf uired to res d OMB con	spond unle	ess	C 1474 (9-02	2)
			Table II -		ve Securit								ı				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transact (Month/Da		3A. Deemed Execution Da	4. Transaction N Code of (Instr. 8) Sc Ac (A D D of (Instr. 8) of (Instr. 8)		5. 6. Number an		6. D and (Mo	Date Exercisable d Expiration Date (onth/Day/Year)		7. An Un Sec	Title and nount of aderlying curities astr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	ship of Indi Benefitive Owner y: (Instr.	Beneficial Ownershi (Instr. 4)
				(Code V	(A)	(D)	Date Exer	e rcisable	Expirati Date	Tit	Amoun or Number of Shares					
Renor	ting ()	wners															

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Anderson Gary E C/O PROLOGIS, INC., PIER 1, BAY 1 SAN FRANCISCO, CA 94111			CEO, Europe and Asia				

Signatures

/s/ Tammy Colvocoresses, attorney in fact for Gary E. Anderson	03/20/2015
-*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).
- The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$43.49 to \$43.52. 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) Represents shares held in the company's 401(k) Plan as of March 13, 2015.

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.