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 Type | Responses) | | | | | | | | | | | | | | | | | | | |
|---|---|----------------------|-------------------------------|--|---------|--|---------|--|---------------------------|--------------------------|---|-----------------------------|---|---|---|--------------------|----|------------|--|--|
| 1. Name and Address of Reporting Person* LOSH J MICHAEL | | | | 2. Issuer Name and Ticker or Trading Symbol Prologis, Inc. [PLD] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner | | | | | | |
| C/O PROLOGIS, INC., PIER 1, BAY 1 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2015 | | | | | | | | | _ Officer (gi | ve title below) | Oth | ner (specify below | w) | | | |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | ar) | _X_ | 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| SAN FRANCISCO, CA 94111 (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acon | | | | | | | | ıritie | es Acquired | ired, Disposed of, or Beneficially Owned | | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | Date (Month/Day/Year) | Execu any (Mont | th/Day | ned 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | quired of (D)) Tra (Ins | Amount of | Securities B wing Report | 6. Ownership Form: | Beneficial Ownership | | | | | | |
| Reminder: Re | eport on a sep | varate line for each | | Deriva | ntive S | ecuri | ities A | Acqui | Perso contai form o | ns w ined displ | in this ays a o | for curr | rm are not rently valid reficially O | required d OMB co | n of inform I to respon ontrol num | d unless th | | 474 (9-02) | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | e (Month/Day/Year) | 3A. Deemed Execution Date, | Tear) (Instr. 8) DSG A (A D Of (I. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amo of Underlying Securities (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownershi Form of Derivativ Security: Direct (D or Indirect | (Instr. 4) | | | | |
| | | | | C | Code | v | (A) | (D) | Date Exercisa | | Expirat Date | tion | Title | Amount or Number of Shares | | | | | | |
| Dividend Equivalent Units - NQDC | \$ 0 (1) | 06/30/2015 | 06/30/201 | 5 | A | | 139 | | (1) | 1 | (1) | 1 | Common Stock | 139 | \$ 0 (1) | 14,474 | D | | | |
| Dividend Equivalent Units - NQDC | \$ 0 (2) | 06/30/2015 | 06/30/201 | 5 | A | | 98 | | (2) | 1 | (2) | 1 | Common Stock | 98 | \$ 0 (2) | 10,152 | D | | | |
| Phantom Shares - NODC | \$ 0 <u>(3)</u> | 06/30/2015 | 06/30/201 | 5 | A | | 842 | | (3) | 1 | (3) | 1 | Common Stock | 842 | \$ 0 (3) | 10,994 | D | | | |

Reporting Owners

| | Relationships | | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| LOSH J MICHAEL C/O PROLOGIS, INC. PIER 1, BAY 1 SAN FRANCISCO, CA 94111 | X | | | | | | | |

Signatures

| /s/ Tammy Colvocoresses attorney in fact for J. Michael Losh | 07/02/2015 | | | |
|--|------------|--|--|--|
| ∴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 Dividend Equivalent Units (DEUs) earned on Deferred Stock Units (DSUs) associated with current service on our board that are deferred under the Prologis, Inc. Nonqualified Deferred Compensation Plan (the NQDC Plan). DEUs accrue on outstanding DSUs at the Prologis common stock dividend rate at the time dividends are paid on
- (1) Prologis common stock. DEUs and the underlying DSUs vest 100% on the earlier of the first anniversary of the grant date or the first annual meeting of the stockholders of Prologis after the grant date (generally in May each year). The receipt of such DEUs is deferred along with the underlying DSUs. DSUs and DEUs are paid in the form of Prologis common stock at the rate of one common share per DSU or DEU. Balance in column 9 includes DSUs and DEUs.
- Represents DEUs earned on director fees that the reporting person has elected to defer into phantom shares under the NQDC Plan. These phantom shares are vested upon issuance and accrue DEUs at the Prologis common stock dividend rate at the time dividends are paid on Prologis common stock. Phantom shares and DEUs are paid in the form of Prologis common stock at the rate of one common share per phantom share or DEU in accordance with the deferral election made by the reporting person, or upon termination of service.

 Balance in column 9 includes phantom shares and DEUs.
- Represents director fees that the reporting person has elected to defer into phantom shares under the NQDC Plan. These phantom shares are vested upon issuance and accrue DEUs at the Prologis common stock dividend rate at the time dividends are paid on Prologis common stock. Phantom shares and DEUs are paid in the form of Prologis common stock at the rate of one common share per phantom share or DEU in accordance with the deferral election made by the reporting person, or upon termination of service. Balance in column 9 includes phantom shares and DEUs.

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.