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 Type Responses) 1. Name and Address of Reporting Person* OCONNOR DAVID P (Last) (First) (Middle) C/O PROLOGIS, INC., PIER 1, BAY 1 (Street)			2. Issuer Name and Ticker or Trading Symbol Prologis, Inc. [PLD]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner						
				Date of Earliest Transaction (Month/Day/Year) 06/30/2015 High Amendment, Date Original Filed(Month/Day/Year)					_	Officer (give title below) Other (specify below) 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 FRANCISCO, CA 94111 (City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu						s Acquired	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if		Code (Instr.	4. Securities Ac (A) or Disposed (Instr. 3, 4 and 5		osed of and 5)	squired 5. Amount Owned Fo Transactio (Instr. 3 and or		nt of Securities Beneficially ollowing Reported on(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
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				Derivative S			form o	isplays a	curre Benef	ently valides	d OMB co	ontrol num	nd unless th	ie	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Ye	3A. Deemed Execution Date	e, if Transac Code	5 tion N O O C C C C C C C C C C C C C C C C C	arrants , Jumber	form of the form o	isplays a	Benefice 7	ently valides	wned Amount	8. Price of		of 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date any	e, if Transac Code	tion (A)	Arrants, Jumber f Derivative decurities Acquired A) or Disposed f (D) Instr. 3,	form of the form o	isplays a nosed of, or onvertible exercisable ration Date Day/Year)	Benefice Securi	ently valided in the securities of the securitie	wned Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirect (s) (I)	of Indire Beneficia Ownersh (Instr. 4)

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	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 DEUs earned on DSUs associated with current service on the 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 Prologis common stock. DEUs and the underlying DSUs vest 100% (1) 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
- (1) 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.

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.