FORM	4
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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).

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

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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 Reportin LYONS IRVING F III	ng Person [*]	2. Issuer Name a Prologis, Inc. [or Ti	rading Syr	nbol		5. Relationship of Reporting Pers (Check all appl _X_ Director	icable) _10% Owner		
(Last) (First) C/O PROLOGIS, INC., PI	(Middle) ER 1, BAY 1	3. Date of Earliest 09/04/2015	Transactio	on (M	Ionth/Day	/Year)		Officer (give title below)	Other (specify	below)	
(Street) SAN FRANCISCO, CA 94	4111	4. If Amendment,	Date Origi	inal F	Filed(Month	/Day/Yea	ar)	6. Individual or Joint/Group Filin _X_Form filed by One Reporting Person Form filed by More than One Reportin		able Line)	
(City) (State)	(Zip)	Ti	able I - No	n-De	rivative S	ecuriti	ies Acqu	ired, Disposed of, or Beneficially	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)	ction	4. Securi (A) or D (Instr. 3,	isposed	l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. 7. Nature of Ownership Indirect Form: Beneficial Direct (D) Ownership		
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	· · ·	(Instr. 4)	
Common Stock								20,724	D		
Common Stock								92,532	I	The Lyons Family Trust (CP)	
Common Stock	09/04/2015	09/04/2015	Р		1,000	A	\$ 36.57	1,000 (1)	I	Katherine Ashley Lyons Trust	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1474 (9-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of. or Beneficially Owned

- Derivative Securities Acquired, Disposed of, or Beneficiary C	when
(e.g., puts, calls, warrants, options, convertible securities)	

-			(0.5.)	Juis, cans, n	arra	nis, op	conver	ubic securi	ucsj					
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Num	nber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deri	vative			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					irities			(Instr	r. 3 and		Owned	Security:	(Instr. 4)
	Security				Acq	uired			4)			0	Direct (D)	
					(A)							1	or Indirect	
						osed						Transaction(s)	× /	
					of (I	/						(Instr. 4)	(Instr. 4)	
					(Inst	· · ·								
					4, ar	ıd 5)								
										Amount				
							Date	Expiration		or				
							Exercisable		Title	Number				
							LACICISADIC	Date		of				
				Code V	(A)	(D)				Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
LYONS IRVING F III C/O PROLOGIS, INC. PIER 1, BAY 1 SAN FRANCISCO, CA 94111	Х						

Signatures

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**Signature of Reporting Person

09/09/2015 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).
- (1) The reporting person disclaims beneficial ownership of these securities except to the extent of his investment power therein. The inclusion of these shares in this report shall not be deemed an admission of beneficial ownership of these reported shares for purposes of Section 16 or for any other purpose.

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.