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

	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	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) 04/19/2016								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 PersonForm filed by More than One Reporting Person				
(City	<i>i</i>)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu					es Acquir	uired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	any	tion Date, if	, if Co	Transacode ode ostr. 8)	(Securities Acquired A) or Disposed of (D) nstr. 3, 4 and 5)		of (D) (5)			curities Beneficially g Reported		7. Nature of Indirect Beneficial Ownership
			(Month/Day/Year			Code	V	Amount (A)						Direct (D) or Indirect (I) (Instr. 4)		
Common	Stock										3	33,043			D	
Common Stock									1	1,649 (1)			I	By 401(k) Plan		
																Plan
Reminder:	Report on a s	separate line for eac	Table II -	Derivativ	e Secu	rities A	Acquire	Persor contain form d	s who in the splays	his fo a cur or Bei	rm are n rently va	e collection ot required alid OMB co	to respon	d unless th		Plan 1474 (9-02)
1. Title of	2. Conversion	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivativ (e.g., puts 4. Transac	e Secu , calls,	rities A warra . Numb f Deriv	Acquire nts, opto	Persor contain form d ed, Disp tions, co	is who in the splays osed of, onvertible xercisabi	his fo a cur or Bei le secu	rm are n rently va neficially urities) 7. Title a of Under	ot required alid OMB co Owned and Amount alying	to respon entrol num	d unless the ber. 9. Number of	ie	1474 (9-02) 11. Natu hip of Indire
1. Title of	2. Conversion	3. Transaction	Table II - 3A. Deemed Execution Date, if	Derivativ (e.g., puts 4. Transac Code	e Secu , calls, 5 tion o S) A	rities A warra	Acquire nts, opi er 6 ative an (I d (A) sed	Persor contain form d ed, Disp tions, co . Date E nd Expir	is who in the splays osed of, onvertible xercisabi	his fo a cur or Ber le secu le	rm are n rently van eficially rities)	ot required alid OMB co Owned and Amount alying s	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form of Derivat Security Direct (or Indir (s) (I)	11. Nature of Indire Beneficiative Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivativ (e.g., puts 4. Transac Code	e Secu , calls, 5 tion o S) A	rities A warra . Numb f Deriv ecuritie .cquiree r Dispo f (D) .nstr. 3,	Acquire nts, optier 6 ative are ss (I	Persor contain form d ed, Disp tions, co . Date E nd Expir	s who in the splays osed of, onvertibly xercisab ration Day/Year	his fo a cur or Ber le secu le ate	rm are n rently va neficially rities) 7. Title a of Under Securitie	ot required alid OMB co Owned and Amount alying s	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form of Derivat Security Direct (or Indir	11. Nature of Indire Beneficiative Ownersh (Instr. 4)

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	04/20/2016
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).
- (1) Represents shares held in the company's 401(k) Plan as of March 31, 2016.
- Represents the LTIP Units of Prologis, L.P. (the "LTIP Units") which vest in three equal installments on each of 4/19/2017, 4/19/2018 and 4/19/2019, subject to continued
- (2) employment. The LTIP Units were issued to the reporting person pursuant to the Prologis, Inc. (the "Company") Second Amended and Restated Prologis Promote Plan in connection with certain co-investment venture incentive distributions paid to the Company or its affiliate.
 - 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
- (3) for redemption, at the election of the holder after the completion of a two-year waiting period, 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.

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.