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															
1. Name and Address of Reporting Person * KENNARD LYDIA H (Last) (First) (Middle) C/O PROLOGIS, INC., PIER 1, BAY 1 (Street) SAN FRANCISCO, CA 94111			2. Issuer Name and Ticker or Trading Symbol Prologis, Inc. [PLD] 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2016 4. If Amendment, Date Original Filed(Month/Day/Year)						5	S. Relationship of Reporting Person(s) to Issuer					
									-					v)	
														ne)	
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu						ies Acquir	ired, Disposed of, or Beneficially Owned				
1.Title of Sect (Instr. 3)	urity	1	2. Transaction Date (Month/Day/Year)	2A. Deer Execution any (Month/I	on Date	e, if C	. Trans Code Instr. 8	(A) (In	Securities A) or Dispose str. 3, 4 and (A) nount (D)	d of (D) (5) T		,	ed I	Ownership Form:	7. Nature of Indirect Beneficial Ownership Instr. 4)
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		la m		(e.g., puts		, warr		red, Dispo	plays a cu sed of, or B evertible sec	rrently va eneficially urities)	lid OMB o	ontrol num	iber.		la se
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Yea	3A. Deemed Execution Date	(e.g., puts e, if 4. Tran Code	s, calls	5. Num of Deri Secu Acqi (A) of Disp of (I (Inst	nber vative urities uired or oosed O)	form dis	sed of, or B evertible sec ercisable tion Date	rrently va eneficially urities)	Owned nd Amount lying s	ontrol num	9. Number o	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	Benefici Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date any	(e.g., puts e, if 4. Tran Code	saction e r. 8)	y warr 5. Num of Deri Secu Acq (A) Disp of (I (Inst 4, ar	nber vative arities uired or cosed D) tr. 3,	form dis	sed of, or Bevertible see ercisable tion Date by/Year)	reneficially urities) 7. Title a of Under Securitie (Instr. 3	Owned nd Amount lying s	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	of Indire Benefici Ownersh (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
KENNARD LYDIA H C/O PROLOGIS, INC. PIER 1, BAY 1 SAN FRANCISCO, CA 94111	X				

Signatures

/s/ Tammy Colvocoresses attorney in fact for Lydia H. Kennard	07/06/2016
**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).
 - 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 (NQDC Plan). DEUs accrue on outstanding DSUs at the Prologis common stock dividend rate at the time dividends are paid on Prologis (1) 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. DSU 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.