FORM 4

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

OMB APPROVAL
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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 Ty	pe Response	s)																	
Name and Address of Reporting Person* MOGHADAM HAMID R				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							
C/O PROLOGIS, INC., PIER 1, BAY 1				3. Date of Earliest Transaction (Month/Day/Year) 12/07/2016								X Officer (give title below) Other (specify below) Chairman & CEO							
(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 Person Form filed by More than One Reporting Person							
(City	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
(Instr. 3) Date			2A. Deemed Execution Date, if any (Month/Day/Year)		_	(Instr.		ction	4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	mount of Securities eficially Owned Following orted Transaction(s) tr. 3 and 4)			nership o n: E	7. Nature of Indirect Beneficial Ownership		
						ode	V	V Amount (A) or (D) Price		,	\ /		(Instr. 4)						
Common Stock												908,867	008,867		I		Cabbi Crust (1)		
Common Stock													803,945	803,945		I		Cabbi Crust (2)	
Common Stock 12/0		12/07/2016	12/07/2016			(G	V	80,000 D \$ 0 1,939,		1,939,0	,089			Т	rust (3)			
Common Stock												131,775			Ι	Г	rust (4)		
Reminder:	Report on a s	separate line fo	r each class of secur	Deriva	ntive Secu	ıriti	es Ac	equire	Pers cont the f	ons what in the constant of th	no respo n this fo splays a	rm ar curre	e not requently valid	ction of int uired to res OMB con	spond unle		SEC 14	174 (9-02)	
1. Title of	2	3. Transaction	,	3 / 1	4.	_	5.	ıs, op					<u>)</u> Γitle and	8 Price of	9. Number	of 1	10.	11. Naturo	
Derivative Security (Instr. 3) Conversi or Exerci Price of Derivativ Security		on Date Execution Date se (Month/Day/Year) Execution Date any (Month/Day/Y		e, if Transaction Code (Instr. 8)				6. Date Exercisa and Expiration I (Month/Day/Ye		on Date	Am Un Sec	nount of derlying curities str. 3 and		Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	y I I Conn(s)	Ownership Form of Derivative Security: Direct (D) or Indirect I) Instr. 4)	of Indirect Beneficial Ownershi (Instr. 4)		
					Code	V	(A)	(D)	Date Exer	cisable	Expiratio Date	n Tit	Amount or le Number of Shares						

Reporting Owners

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
MOGHADAM HAMID R C/O PROLOGIS, INC. PIER 1, BAY 1 SAN FRANCISCO, CA 94111	X		Chairman & CEO						

Signatures

/s/ Tammy Colvocoresses, attorney in fact for Hamid R. Moghadam	12/08/2016	6					
**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) Held indirectly through a rabbi trust pursuant to our NQDC plans.
- (2) Held indirectly through a rabbi trust pursuant to the AMB Property Corporation 2011 Notional Account Deferred Compensation Plan.
- (3) Held indirectly in a trust FBO the reporting person with the reporting person and his spouse as sole trustees.
- (4) Held indirectly in a trust with the reporting person as trustee.

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.