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

OMB APPR	OVAL
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Estimated average	burden
haiira nar raananaa	0.5

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

Name and Address of Reporting Person * Olinger Thomas S				2. Issuer Name and Ticker or Trading Symbol Prologis, Inc. [PLD]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)Director10% Owner				
(Last) (First) (Middle) C/O PROLOGIS, INC., PIER 1, BAY 1			3. Date of Earliest Transaction (Month/Day/Year) 01/17/2017					X_Officer (give title below) Other (specify below) Chief Financial Officer						
(Street)				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					
		, CA 94111								_ rom mea o	y iviore than one	e reporting reiso		
(City	i)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of S (Instr. 3)	ecurity		2. Transaction Date (Month/Day/Year)	Execution any		3. Tran Code (Instr.	(A) or Disposed		ed of (D) O 1 5) Ti	Amount of Securities Beneficiall wned Following Reported ansaction(s)		ed [Ownership of Form:	Beneficial
				(Month/Day/		Code		Amount (A	or	(Instr. 3 and 4)		(Ownership Instr. 4)
Reminder: l	Report on a s	separate line for eac	h class of securities	beneficial	lly owned	directly	Perso contai	ns who res	oond to the form are no urrently val	ot required	to respon	d unless th		474 (9-02)
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1. Title of Derivative Security	2.	3. Transaction Date (Month/Day/Year)	Table II - 3A. Deemed Execution Date, if	Derivativ (e.g., puts 4. Transaci Code	se Securiti, calls, w. 5. N of E Securition of C Securition of C of (I	ies Acquarrants, umber erivative urities uired (A isposed	Perso contai form of tired, Dispoptions, of Date I and Exp (Month/	ns who res ned in this displays a d	form are no urrently val Geneficially (ocurities)	ot required lid OMB co Owned and Amount ying	8. Price of	d unless th	f 10. Ownersh Form of	11. Nat of Indir Benefic Owners (Instr. 4
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	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Olinger Thomas S C/O PROLOGIS, INC. PIER 1, BAY 1 SAN FRANCISCO, CA 94111			Chief Financial Officer		

Signatures

/s/ Tammy Colvocoresses, attorney in fact for Thomas S. Olinger	01/19/2017
**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 LTIP Units of Prologis, L.P. (the "LTIP Units") that were issued to the reporting person pursuant to the Prologis Outperformance Plan.

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 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.