Instruction 1(b)

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

OMB A	PPR

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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 Reporting Person* KENNARD LYDIA H				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) 03/31/2017									_	Officer (give title below) Other (specify below)					
(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					
SAN FRANCISCO, CA 94111 (City) (State) (Zip)																			
(City)		(State)			Table I - Non-Derivative Securities Acqui									ies Acquire	ired, Disposed of, or Beneficially Owned				
(Instr. 3) Date		2. Transaction Date [Month/Day/Year	Execu any	2A. Deemed Execution Date, in any (Month/Day/Yea		(Instr. 8)		ection	tion 4. Securities A (A) or Dispose (Instr. 3, 4 and		posed	of (D) O	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		d :	Ownership Form:	7. Nature of Indirect Beneficial Ownership		
							y, i cai)		ode	V	Amo		(A) or (D)	ì	- ,			or Indirect (I) (Instr. 4)	
Reminder: Re	enort on a ser	narate line fo	r each cl	ass of securities b	eneficia	lly ov	ned di	rectly 4	or in	directly	,								
				Table II						in thi a cur	s fori	m are y vali l of, o	not id OM	required t IB control eficially O	o respond number.		ion containe form displa		1474 (9-02)
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date		3A. Deemed Execution Date, any (Month/Day/Yea	4. 5. Transaction Do Code r) (Instr. 8) Ac or (Li (Ii		5. Nu Deriv Secu Acqu or Di (D)	Number of rivative curities quired (A) Disposed of) str. 3, 4,		6. Date Exer and Expiration (Month/Day)		rcisable ion Date v/Year)				8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Ownersl Form of Derivati Security Direct (I or Indirect)	Beneficia Ownersh (Instr. 4)
					Cod	le V	7 (A	A)	(D)	Date Exerci	sable		ration	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Dividend Equivalent Units - NQDC	\$0(1)			03/31/2017	A		97.2	2622		C	Ū	!	(1)	Commo: Stock	n 97.2622	\$ 0 (1)	11,565.331	3 D	
Report	ing Ov	vners																	
				Relationsh	ips														
Reporting Owner Name / Address Director Owner			Officer	Oth	er														
KENNARI C/O PROL PIER 1, BA	OGIS, IN		X																

Signatures

SAN FRANCISCO, CA 94111

/s/ Tammy Colvocoresses attorney in fact for Lydia H. Kennard	04/04/2017
**Signature of Reporting Person	Date

Explanation of Responses:

If the form is filed by more than one reporting person, see Instruction 4(b)(v).

or DEU. Balance in column 9 includes DSUs and DEUs.

** 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 common stock. DEUs (1) 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

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.