## FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average	burden
hours per recognice	0.5

Check this box 11 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	(Kesponses)														
1. Name and Address of Reporting Person * OCONNOR DAVID P			-	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					
(Last) (First) (Middle) C/O PROLOGIS, INC., PIER 1, BAY 1			_ : 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)						_X_	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 FRAN	NCISCO, (	CA 94111									Tomi med by w	Tore than One N	eporting reison		
(City)		(State)	(Zip)			Table I	- Non-Do	erivativ	e Securitio	es Acquirec	l, Disposed o	of, or Benef	icially Owned		
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year		ned n Date, if	3. Tran Code (Instr. 8		4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		of (D) Ow Tra	5. Amount of Securities Beneficially Owned Following Reported Fransaction(s)		C F	Ownership of Form:	eneficial
				(Month/D	oay/Year)	Code	e V	Amour	(A) or	(Ins	(Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)
Reminder: Re	port on a sep	arate line for each c	iass of securities of	enenciany	owned di	rectiy of	Perso	ns wh	are not r		respond ι		on containe form display		474 (9-02)
Reminder: Re	port on a sep	arate fine for each c					Perso in thi a cur	ons whos form rently v	are not r	equired to B control i	respond ι number.				474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction	Table II -  3A. Deemed Execution Date, i	Derivative (e.g., puts, 4. Transact Code	e Securiti , calls, wa 5. Nu ion Deriv Secu Acqu or Di (D)	ies Acquarrants, umber of vative urities uired (A) isposed	Persoin this a cur ired, Disoptions, 6. Dat and E. (Mont	ons when some some some some some some some some	are not revalid OMI  of, or Benetible secur  isable n Date	equired to B control i	respond unumber. red Amount	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following	10. Ownershi Form of Derivative Security: Direct (D	11. Naturp of Indirec Beneficia Ownershi (Instr. 4)
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#### **Reporting Owners**

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

### **Signatures**

/s/ Tammy Colvocoresses attorney in fact for David P. O'Connor	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).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Represents DEUs earned on DSUs associated with current service on the board that are deferred under the Prologis, Inc. Nonqualified Deferred Compensation Plan (the 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 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. DSUs 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.