## 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 Type Responses)  1. 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)				
(Last) (First) (Middle) C/O PROLOGIS, INC., PIER 1, BAY 1				3. Date of Earliest Transaction (Month/Day/Year) 12/15/2017						X Director 10% Owner X Officer (give title below) Other (specify below) Chairman & CEO				
(Street) SAN FRANCISCO, CA 94111				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Form fi	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		(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	f Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)				6. Ownershi Form: Direct (D	7. Nature p of Indirect Beneficial Ownership			
			(Mondi Bay) 1 ca	Code	· V	Amour	nt (A)		Ì	(insti. 2 dia 1)		or Indirect (I) (Instr. 4)		
Common Stock									982,41	982,414		I	Rabbi Trust (1)	
Common Stock									803,94	803,945		I	Rabbi Trust (2)	
Common Stock		12/15/2017	12/15/2017	G(3)	V	100,00	00 D	\$ (	1,759,0	1,759,089		I	Trust (4)	
Common Stock									131,77	131,775		I	Trust (5)	
Reminder:	Report on a s	separate line fo		cities beneficially  Derivative Secur	ities Acq	Per cor the	sons whatained in form dis	no resp n this f splays of, or B	orm a a curi enefici	re not requested in the real representation represe	ction of intuited to real	spond unle	ess	C 1474 (9-02)
1. Title of	2.	3. Transactio		4.	5.		S, conver			Title and	8. Price of	9. Number	of 10.	11. Natur
Derivative Security	Conversion or Exercise Price of Derivative Security	Date (Month/Day/	Execution Da (Year) any	te, if Transaction Code Year) (Instr. 8)	Number a		d Expiration Date  Month/Day/Year)		Ai Ui Se	mount of nderlying curities nstr. 3 and	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owne Form Derive Securi Direct or Ind	rship of Indirect Beneficia Ownershity: (Instr. 4)
				Code V	(A) (	Da Ex	te ercisable	Expirat Date	ion Ti	Amount or 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	12/19/2017	
**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) 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) Shares donated as a gift to a charitable organization.
- (4) Held indirectly in a trust FBO the reporting person with the reporting person and his spouse as sole trustees.
- (5) 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.