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

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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 CONNOR 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				
C/O PROL	OGIS, IN	(First) C., PIER 1	, BAY	(Middle)	3. Date 03/29/		iest Tra	ansact	ion	(Month	/Day/	Year))	_		re title below)		r (specify below	v)
(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 PersonForm filed by More than One Reporting Person					
SAN FRAM	NCISCO,	CA 94111 (State)		(Zip)															
(City)		(State)									erivat	ive S	ecuriti	ies Acquir	ed, Disposed	of, or Bene	ficially Owne	d	
1. Title of Security (2. Transaction Date (Month/Day/Y				2A. Deemed Execution Date, if any (Month/Day/Year)		ite, if	(Instr. 8)			(A) (4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form:	7. Nature of Indirect Beneficial Ownership	
							,	Со	de	V	Amount (A) or (D)						or Indirect (I) (Instr. 4)		
Reminder Do	enort on a ser	narate line fo	r each cl	ass of securities b	eneficial	lly own	ed dire	ectly o	or in	directly	,								
				Table II		ntive Se				in thi a cur	s fori	m are y vali l of, o	e not i id OM or Ben	required to the second representation in the second representation representation in the second representation r	to respond I number.		ion containe form displa		1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security			3A. Deemed Execution Date, any (Month/Day/Yea	4. 5. Transaction Do Code Se (Instr. 8) Ac or (Li (Instr. 8)		5. Nur Deriva Securi Acqui or Dis (D)	rivative curities quired (A) Disposed of str. 3, 4,		6. Date Exerci and Expiration (Month/Day/Y		cisable 7. on Date (Year) Se		1 /		8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	Owners Form of Derivati Security Direct (I or Indire	Beneficial Ownersh (Instr. 4)
					Cod	e V	(A) ((D)	Date Exerci	sable		ration	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)
Dividend Equivalent Units- NQDC	\$ 0 (1)	03/29/2018		03/29/2018	A		83.29	945		C	D)		(1)	Commo Stock	83.2945	\$ 0 (1)	11,013.941	3 D	
Report	ing Ow	vners																	
D 11 6				Relationsh	ips														
Reporting (Owner Nam	e / Address	Direct	or 10% Owner	Officer	Other													
OCONNOL C/O PROL PIER 1, BA	OGIS, IN		X																

Signatures

and DEUs.

SAN FRANCISCO, CA 94111

/s/ Tammy Colvocoresses attorney in fact for David P. O'Connor	04/03/2018		
→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 (1) 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

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.