## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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hours per response... 0.5

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 Ty	pe Response	s)															
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) _X_ Director 10% Owner						
C/O PROLOGIS, INC., PIER 1, BAY 1				3. Date of Earliest Transaction (Month/Day/Year) 06/04/2018							X Officer (give title below) Other (specify below)  Chairman & CEO						
(Street) SAN FRANCISCO, CA 94111				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City	)	(State)	(Zip)		Ta	able I	- Nor	ı-Der	ivative S	Securities	s Acqu	ired, Disp	osed of, or I	Beneficially	Owned		
(Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea		(Instr. 8)		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficia	nt of Securities ally Owned Following Transaction(s)		Ownership Form:		Nature Indirect eneficial wnership	
				(Monui/Day/Tear			ode	V	Amoun	(A) or (D)	Price	(msu. 3 a	isu. 3 and 4)		or Indire (I) (Instr. 4)	ct (In	nstr. 4)
Common Stock												982,414			Ι		abbi rust <sup>(1)</sup>
Common Stock											803,945			I		abbi rust <sup>(2)</sup>	
Common Stock 06/04/2018			06/04/2018	06/04/2018		G	(3)	V	80,000	) D	\$ 0	1,679,08	89		I	Tı	rust (4)
Common Stock												131,775			I	Tı	rust (5)
Reminder:	Report on a s	separate line fo	r each class of secur Table II - I		•			Pers cont the f	ons wh ained in	o respo n this fo plays a	rm ar curre	e not requently valid	ction of inf uired to res OMB conf	spond unle	ess	EC 147	74 (9-02)
	l.		,	<u> </u>	s, calls, wa		ts, op				T (				2 1 4 2		
1. Title of Derivative Security (Instr. 3)	vative rity or Exercise (Month/Day/Year) Price of Derivative Security  Conversion of Exercise (Month/Day/Year) Price of Derivative Security  Execution Date, if Code (Instr. 8) Derivative Security  Execution Date, if (Month/Day/Year) (Month/Day/Year) of (Disposof (Di		Numb of Deriv Secur Acqui (A) or	mber and E (Mon rivative curities quired or sposed (D) str. 3,		ate Exercisable Expiration Date ath/Day/Year)		Am Und Sec	itle and ount of derlying urities tr. 3 and		9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Own Form Deriv Secu Director In	vative rity: et (D) direct	11. Naturof Indirec Beneficia Ownershi (Instr. 4)			
				C	Code V	(A)	(D)	Date Exer	cisable	Expiratio Date	n Titl	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	06/05/2018	
**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).
- (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.