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

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
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| Estimated average burden | | | | | | |
| hours per response | 0.5 | | | | | |

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) | | | | | | | | | | | | | | |
|--|---|---|---|---|--------|---|----------------------|--|--|---|---|---|--|---|--|
| Name and Address of Reporting Person * LYONS IRVING F III | | | | 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 | | | | Date of Earliest Transaction (Month/Day/Year) 06/29/2018 If Amendment, Date Original Filed(Month/Day/Year) | | | | | | _ | Officer (give title below) Other (specify below) 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 FRA | NCISCO, (| (State) | (Zip) | | | | | | | | To m need by white that one reporting I cross | | | | |
| | | (State) | | | | | | | tive Securit | | • | | icially Owned | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Date, if Cod (Ins | | (A) | courities Accor Disposed tr. 3, 4 and 5 (A) or (D) | or Owned Follow Transaction(s) (Instr. 3 and 4) | | securities Beneficially ing Reported | | orm: of B | Nature Indirect eneficial wnership nstr. 4) |
| Reminder: Re | eport on a sep | parate line for each c | | - Deriva | tive ! | Securities A | cqui | Persons versions of this form currently red, Dispose | are not red valid OMB d of, or Ben | quired to re control ne | espond unle umber. | | on contained m displays a | in SEC 14 | 74 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | e (Month/Day/Year) any (Month/Day/Ye | Execution Date, if | 4. 5. Nur Transaction Deriva Code Securi (Instr. 8) Acqui Dispos | | 5. Number Derivative Securities Acquired (A Disposed o (Instr. 3, 4, | of A) or f (D) | and Expiration Date (Month/Day/Year) Under (Inst. | | 7. Title and Underlying | Title and Amount of Underlying Securities Instr. 3 and 4) | | 9. Number of Derivative Securities Beneficially Owned Following Reported | 10. Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Natur of Indirec Beneficia Ownershi (Instr. 4) |
| | | | | Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | (I) (Instr. 4) | |
| Dividend Equivalent Units | \$ 0 (1) | 06/29/2018 | 06/29/2018 | A | | 63.0583 | | (1) | (1) | Common Stock | 63.0583 | \$ 0 | 8,692.8424 | D | |
| Dividend Equivalent | 00(2) | 06/29/2018 | 06/29/2018 | A | | 101.9183 | | (2) | (2) | Common Stock | 101.9183 | \$ 0 | 14,049.859 | 6 D | |
| Units - NQDC | \$ 0 (2) | | | | | | | | | | | | | | |

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| LYONS IRVING F III C/O PROLOGIS, INC. PIER 1, BAY 1 SAN FRANCISCO, CA 94111 | X | | | | | |

Signatures

| /s/ Tammy Colvocoresses attorney in fact for Irving F. Lyons III | 07/03/2018 |
|--|------------|
| **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 Dividend Equivalent Units (DEUs) earned on Deferred Stock Units (DSUs) associated with previous service on the board of ProLogis, our merger partner, and assumed by us in June 2011. DEUs accrue on outstanding DSUs at the Prologis common stock dividend rate at the time dividends are paid on Prologis common stock. DEUs vest upon issuance and the receipt of such DEUs is deferred, as are the underlying DSUs, during the period the reporting person serves as a director. 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.
- Represents DEUs earned on DSUs associated with current service on our 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.
- Represents DEUs earned on phantom shares associated with previous service on the board of ProLogis, our merger partner, and assumed by us in June 2011. DEUs accrue on outstanding phantom shares at the Prologis common stock dividend rate at the time dividends are paid on Prologis common stock. DEUs vest upon issuance and the receipt of such DEUs is deferred in accordance with the deferral election made by the reporting person applicable to the underlying phantom shares. Phantom shares and DEUs are paid in the form of Prologis common stock at the rate of one common share per phantom share or DEU. Balance in column 9 includes phantom shares 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.