FORM 4

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See*

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

OMB APPROVAL
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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* KENNARD LYDIA H					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					3. Date of Earliest Transaction (Month/Day/Year) 12/31/2018									Officer (give	title below)		(specify below)
(Street)					4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group FilingCheck Applicable Line) X. Form filed by One Reporting Person Form filed by More than One Reporting Person					
SAN FRANCISCO, CA 94111 (City) (State) (Zip)				Table I North Committee Committee														
				Table I - Non-Derivative Securities Acquired 2A. Deemed 3. Transaction 4. Securities Acquired								5. Amount of Securities Beneficially 6. 7. Nature						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year			Execution Date, i		ate, if Cod (Inst	f Code (Instr. 8)		(A) or Dispose (Instr. 3, 4 and		of (D)	Owned Following Reported Transaction(s) (Instr. 3 and 4)		d O F	orm:				
					С	ode	V	Amo	ount (A) or	r Price				((I) (Instr. 4)	[IIISII. 4)		
Reminder: Re	eport on a sep	arate line for	each cla	ss of securities be	eneficially	own	ed directly	or ir	Perso	ons w		required	d to r	espond (ion containe form displa		474 (9-02)
				Table II -							l of, or Ben ertible secu		Own	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		3A. Deemed Execution Date, if any (Month/Day/Year	4. Transaction Code		5. Number of		6. Date and Ex (Mont	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title a of Unde Securitie (Instr. 3	rlyin; es	g	8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	10. Ownersh Form of Derivativ Security: Direct (D or Indirect (I)	Beneficial Ownership (Instr. 4)
					Code	V	(A)	(D)	Date Exerci	sable	Expiration Date	Title]	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Dividend Equivalent Units - NQDC	\$ 0 (1)	12/31/2018		12/31/2018	A		82.1987		C	<u>1)</u>	(1)	Comm		82.1987	\$ 0 (1)	10,137.844	7 D	
Report	ing Ow	ners																
				Relationship	ips													
Reporting Owner Name / Address Director 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			r	Officer C	Other													
KENNARI C/O PROL			37															

Signatures

PIER 1, BAY 1

SAN FRANCISCO, CA 94111

/s/ Tammy Colvocoresses attorney in fact for Lydia H. Kennard	01/03/2019
**Signature of Reporting Person	Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

or DEU. Balance in column 9 includes DSUs and DEUs.

** 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 current service on our board that are deferred under the Prologis, Inc. Nonqualified Deferred Compensation Plan (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 (1) 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. DSU and DEUs are paid in the form of Prologis common stock at the rate of one common share per DSU

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.