FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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 * SKELTON JEFFREY L				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) 12/31/2018							0	Officer (give	title below)	Othe	r (specify below)	
(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 Person Form filed by More than One Reporting Person iired, Disposed of, or Beneficially Owned							
SAN FRANCISCO, CA 94111 (City) (State) (Zip)			Table I. Non Doningting Committee According														
1.Title of Security (Instr. 3)			Date	2A. Deemed Execution Date, if) any (Month/Day/Year		e, if Coo	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		quired of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		eneficially	6. 7. Ownership Form: Be	eneficial	
							Code	V	Amoı	(A) or		(Instr. 3 and 4)			or (I)	or Indirect (wnership nstr. 4)
Reminder: Re	eport on a sep	erate line for each c		Derivativ	ve Sec	curities A	cqui	Person in this a curre	ns who form ently	n are not	required B control	d to res	spond (mber.		ion containe form displa		474 (9-02)
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	4. 5. Transaction D Code S. (Instr. 8) A		5. Number Derivative Securities Acquired	Number of and E (Mon equired (A) Disposed of b) str. 3, 4,		xpiration Date th/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownersh Form of Derivativ Security: Direct (D or Indirect	(Instr. 4)
				Code	V	(A)	(D)	Date Exercise		Expiration Date	Title	or Ni	mount r umber f Shares		(Instr. 4)	(Instr. 4)	
Dividend Equivalent Units - NQDC	\$ 0 (1)	12/31/2018	12/31/2018	A	:	82.1987	,	(1))	(1)	Comm	IX.	2.1987	\$ 0 (1)	10,137.844	7 D	
Report	ing Ow	vners															

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
SKELTON JEFFREY L C/O PROLOGIS, INC. PIER 1, BAY 1 SAN FRANCISCO, CA 94111	X						

Signatures

/s/ Tammy Colvocoresses attorney in fact for Jeffrey L. Skelton	ı	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).
- ** 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 (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.

(1) 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.

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.