FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average burden						
houre per reenonee	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 Typ	e Responses)														
1. Name and Address of Reporting Person * SKELTON JEFFREY L				2. Issuer Name and Ticker or Trading Symbol Prologis, Inc. [PLD]							_x_	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) 02/06/2019								Officer (give	title below)	Oth	er (specify belo	w)
(Street) SAN FRANCISCO, CA 94111				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Fo	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqui							cquired, I	ired, Disposed of, or Beneficially Owned				
(Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Own Trans	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. Ownership Form:	Beneficial	
					Code V		Amo	(A) or (D)	Prio		(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock		02/06/2019	02/06/	2019	М	[14,3	80 A	\$ 17.7	58,4	1 58,470			D	
Common Stock 02/06/2019		02/06/2019	02/06/2019		S		14,3	80 D	\$ 69.4 (1)	44,0	44,090		D			
	Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of	2.	3. Transaction	3A. Deemed	(<i>e.g.</i> , pu	ts, calls, v	varrants ımber	6. Date E) . Title and	Amount	8. Price of	9. Number	of 10.	11. Nature
Derivative Conversion Date		n Date Execution Date, if any (Month/Day/Year)	Transaction of De Code Secur (Instr. 8)		erivative irities (Month/sposed) 2. 3, 4,				of Se	of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s	Owners Form of Derivat Security Direct (or Indir	nip of Indirect Beneficial Ownership (Instr. 4)	
				Code	V (A)	(D)	Date Exercisal		Expiration Date	T	itle	Amount or Number of Shares		(Instr. 4)	(Instr. 4)
Non- Qualified Stock Option (right to buy)	\$ 17.71	02/06/2019	02/06/2019	М		14,380	05/07/2	2009	05/07/20	₀₁₉ C	Common Stock	14,380	\$ 0	6,762	D	

Reporting Owners

	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	02/08/2019		
-*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).
- The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$69.41 to \$69.44. The reporting person undertakes to (1) provide to Prologis, Inc., any security holder of Prologis, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each price.

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.