FORM 4	4
--------	---

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

(Drint or Tr

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

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

#### 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

1. Name and Address of I KENNARD LYDIA	2. Issuer Name and Prologis, Inc. [PI		radin	g Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
C/O PROLOGIS, IN	(First) C., PIER 1, BAY	(Middle) 7 1	3. Date of Earliest Tr 03/29/2019	ansaction (N	/lonth	/Day/Yea	r)		Officer (give title below)Oth	er (specify belo	w)	
<sup>(Street)</sup> SAN FRANCISCO, CA 94111			4. If Amendment, Da	te Original I	Filed	Month/Day/Y	(ear)	6. Individual or Joint/Group Filing(Cheek Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)		Table I - No	on-De	erivative	Securitie	s Acqu	ired, Disposed of, or Beneficially Own	ed		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8)	V	4. Securit (A) or Di (Instr. 3, Amount	sposed of 4 and 5) (A) or		Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership	

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 SEC 1474 (9-02) 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

	(e.g., puts, calls, warrants, options, convertible securities)														
(Instr. 3)	Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	tion )	5. Number of Derivative		6. Date Exer and Expirati (Month/Day	on Date /Year)	· · · · · · · · · · · · · · · · · · ·		Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported	Ownership Form of Derivative	Beneficial
				Code	v	(A)	(D)	Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Dividend Equivalent Units - NQDC	\$ 0 <u>(1)</u>	03/29/2019	03/29/2019	А		74.6776		<u>(1)</u>	<u>(1)</u>	Common Stock	74.6776	\$ 0 <del>(1)</del>	10,212.5223	D	

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
KENNARD LYDIA H C/O PROLOGIS, INC. PIER 1, BAY 1 SAN FRANCISCO, CA 94111	Х						

### Signatures

# **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 (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 yest 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

(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 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.