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

(D) '

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

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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

(Find of Type Responses)											
1. Name and Address of Reporting Person [*] HAWKINS PHILIP L	2. Issuer Name and Prologis, Inc. [PI		radin	ıg Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) XDirector10% Owner					
(Last) (First) C/O PROLOGIS, INC., PIER 1, BA'	7.4	3. Date of Earliest Transaction (Month/Day/Year) 09/30/2019					Officer (give title below)Ot	her (specify belo	w)		
(Street) SAN FRANCISCO, CA 94111		4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security	2. Transaction	2A. Deemed	3. Transact	ion	4. Securi	ties Acqu	ired	5. Amount of Securities Beneficially	6.	7. Nature	
(Instr. 3) Date		Execution Date, if Code		(A) or Disposed of (D)			Owned Following Reported	Ownership	of Indirect		
	(Month/Day/Year)	any	(Instr. 8) (Instr. 3, 4 and			4 and 5)		Transaction(s)	Form:	Beneficial	
		(Month/Day/Year)				(A) or		(Instr. 3 and 4)	or Indirect (I)	Ownership (Instr. 4)	
			Code	V	Amount	(D)	Price		(Instr. 4)		

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)															
1. Title of Derivative Security (Instr. 3)	Conversion	Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	tion	5. Number Derivative Securities Acquired (or Dispose (D) (Instr. 3, 4 and 5)	A) d of	6. Date Exercisable and Expiration Date (Month/Day/Year)		Exercisable7. Title and Amountration Dateof UnderlyingDay/Year)Securities		Derivative Security (Instr. 5)	~	Ownership Form of Derivative Security: Direct (D) or Indirect (I)	Beneficial
				Code	v	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
Dividend Equivalent Units- NQDC	\$ 0 <u>(1)</u>	09/30/2019	09/30/2019	А		15.3253		<u>(1)</u>	<u>(1)</u>	Common Stock	15.3253	\$ 0 <u>(1)</u>	2,479.5231	D	

Reporting Owners

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

Signatures

/s/ Tammy Colvocoresses, attorney-in-fact for Philip L. Hawkins	10/02/2019
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. 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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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

(1)

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.