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#### 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

(Print or Type Responses	5)											
1. Name and Address of Olinger Thomas S	2. Issuer Name an Prologis, Inc. [P		Trad	ing Symb	ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
C/O PROLOGIS, II	<sup>(First)</sup> NC., PIER 1, B	A T T 1	3. Date of Earliest Transaction (Month/Day/Year) 01/09/2020						X_Officer (give title below)Other (specify			
SAN FRANCISCO	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					
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8)	tion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Amount (A) or (D) Price		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
Common Stock (1)		01/09/2020	01/09/2020	М		9,952	А	\$ 0	17,727	D		
Common Stock <sup>(2)</sup>		01/09/2020	01/09/2020	F		3,514	D	\$ 88.96	14,213	D		
Common Stock									29,170	Ι	Rabbi Trust <mark>(3)</mark>	

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.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of		3. Transaction	3A. Deemed	4.		5. Num		6. Date Exer		7. Title and				10.	11. Nature
Derivative	Conversion		Execution Date, if					and Expiration Date		of Underlying		Derivative		Ownership	
Security	or Exercise	(Month/Day/Year)	any	Code		Derivat	ive	(Month/Day	/Year)	Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Securiti	es			(Instr. 3 and	4)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acquire	ed						Owned	Security:	(Instr. 4)
	Security					(A) or							Following	Direct (D)	
						Dispose	ed						Reported	or Indirect	
						of (D)							Transaction(s)	(I)	
						(Instr. 3	5, 4,						(Instr. 4)	(Instr. 4)	
						and 5)	· ·						` ´	. ,	
				Code	V	(A)		Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Units (1)	\$ 0	01/09/2020	01/09/2020	М		9,952		<u>(1)</u>	<u>(1)</u>	Common Stock	9,952	\$ 0	17,061	D	

# **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Olinger Thomas S C/O PROLOGIS, INC. PIER 1, BAY 1 SAN FRANCISCO, CA 94111			Chief Financial Officer					

## **Signatures**

/s/ Tammy Colvocoresses, attorney in fact for Thomas S. Olinger	01/13/2020
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).
- (1) Conversion of 33% of RSU grant following vest on January 9, 2020. The RSUs convert into Prologis Common Stock upon vesting on a 1-for-1 basis. RSUs have no exercise price or expiration date. The remaining RSU grant will vest on January 9, 2021.
- (2) Shares withheld for payment of the tax liability associated with the receipt of common stock acquired upon the vesting of the RSUs referenced in Table II.
- (3) Held indirectly through a rabbi trust pursuant to our nonqualified deferred compensation plans.

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.