FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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).

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 Ty	pe Response	s)																	
Name and Address of Reporting Person * MOGHADAM HAMID R					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 X Officer (give title below) Other (specify below) Chairman & CEO					
C/O PROLOGIS, INC., PIER 1, BAY 1					3. Date of Earliest Transaction (Month/Day/Year) 09/18/2020								[
(Street) SAN FRANCISCO, CA 94111				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														
(Instr. 3)			2. Transaction Date (Month/Day/Year)	ZA. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		(D) Beneficia		ant of Securities ially Owned Following d Transaction(s) and 4)		Ownership Form:		7. Nature of Indirect Beneficial Ownership		
						Со	de	V	Amou		(A) or (D)	Price	(\ /		nstr. 4)	
Common Stock													982,414			I	_	Rabbi Trust (1)	
Common Stock														803,945	5		I		Cabbi Crust (2)
Common Stock			09/18/2020	09/18/2020			G	(3)	V	120,0	00	D	\$ 0	1,339,0	89		I	Т	rust (4)
Common Stock													131,775	5		I	Т	rust (5)	
Reminder:	Report on a s	separate line fo	or each class of secur	Deriva		ıriti	es Ac	equire	Pers cont the f	ons what in the constant of th	ho rein thispla	nis form ays a c or Bene	n are urrer ficiall	not requally valid		formation spond unle trol numbe		SEC 14	174 (9-02)
1 Title of	2	3. Transactio		0/1	4.		5.	ıs, op						tle and	& Price of	0 Number	of 1	10	11. Nature
1. Title of 2. Derivative Security (Instr. 3) Price of Derivative Security		Date Execution Date (Month/Day/Year) Execution Date any (Month/Day/		ite, if	te, if Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			Amo Unde Secu	unt of erlying rities r. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	y I S I n(s) (10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
					Code	V	(A)	(D)	Date	e rcisable		oiration te	Title	Amount or Number of Shares					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
MOGHADAM HAMID R C/O PROLOGIS, INC. PIER 1, BAY 1 SAN FRANCISCO, CA 94111	X		Chairman & CEO				

Signatures

/s/ Tammy Colvocoresses, attorney in fact for Hamid R. Moghadam	09/21/2020	
**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) Held indirectly through a rabbi trust pursuant to our NQDC plans.
- (2) Held indirectly through a rabbi trust pursuant to the AMB Property Corporation 2011 Notional Account Deferred Compensation Plan.
- (3) Shares donated as a gift to a charitable organization.
- (4) Held indirectly in a trust FBO the reporting person with the reporting person and his spouse as sole trustees.
- (5) Held indirectly in a trust with the reporting person as trustee.

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.