Instruction 1(b)

longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

# Washington, D.C. 20549

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

### 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)																		
1. Name and Address of Reporting Person - OCONNOR DAVID P					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					
(Last) (First) (Middle) C/O PROLOGIS, INC., PIER 1, BAY 1				3. Date of Earliest Transaction (Month/Day/Year) 09/30/2020									Officer (give title below) Other (specify below)						
(Street)					4. If Amendment, Date Original Filed(Month/Day/Year)								_X_	6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting PersonForm filed by More than One Reporting Person					
SAN FRAM	NCISCO,	CA 94111 (State)		(Zip)															
(State) (Zip)				Table I - Non-Derivative Securities Acqu									, , ,						
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year			2A. Deemed Execution Date, if any (Month/Day/Year)		e, if Co (In	(Instr. 8)		(A) (	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				Securities Being Reported	d I	Ownership Form:	7. Nature of Indirect Beneficial Ownership			
							Code	V	Amount (A) or (D)			Price	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				(Instr. 4)		
Dominday D		anata line fo	# 20 ab -1	ass of securities b	· amafia!-!	lly over-	d dimostl	!	m dima atl										
				Table II					in thi a cur	s for rently	m are no y valid C	ot re DMB senef	equired to control r	respond number.		tion containe e form displa		1474 (9-02)	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security			3A. Deemed Execution Date, any (Month/Day/Yea	ff Transaction Doctor Code Section (Instr. 8) Actor (Instr. 8)		Derivative Securities Acquired or Disposed D)	rivative curities quired (A) Disposed of ) str. 3, 4,		6. Date Exercisabl and Expiration Da (Month/Day/Year)		nte of Unde		ŭ	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)		Benefici Ownersh (Instr. 4)	
					Code	e V	(A)	(D)	Date Exerci	isable	Expiration Date	on T	Γitle	Amount or Number of Shares		(Instr. 4)	(Instr. 4)		
Dividend Equivalent Units- NQDC	\$ 0 (1)	09/30/2020		09/30/2020	A	8	37.5805	5	(	1)	(1)	(	Common Stock	87.5805	\$ 0 (1)	15,281.309	6 D		
Report	ing Ow	vners																	
				Relationsh	ips														
Reporting (	Owner Name	e / Address	Direct	or 10% Owner	Officer	Other													
OCONNOL C/O PROL PIER 1, BA	OGIS, IN		X																

## **Signatures**

and DEUs.

SAN FRANCISCO, CA 94111

/s/ Tammy Colvocoresses attorney in fact for David P. O'Connor	10/02/2020
**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).

Represents DEUs earned on DSUs associated with current service on the 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 (1) 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 per DSU or DEU. Balance in column 9 includes DSUs

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.