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)					
(Last) (First) (Middle) C/O PROLOGIS, INC., PIER 1, BAY 1					3. Date of Earliest Transaction (Month/Day/Year) 12/31/2020									-	X_ Director 10% Owner Officer (give title below) Other (specify below)					
(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)					Table I - Non-Derivative Securities Acqu										ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, any (Month/Day/Yea		(Instr. 8)			(A) (	4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		f (D)			)		Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code		Amo		) or ))	Price					(I) (Instr. 4)		
Reminder: Re	eport on a sep	arate line fo	r each cl	ass of securities b						Pers in th a cui	ons wis form	n are no / valid (	ot re OMB	equired 3 contro	to res	pond		on containe form displa		474 (9-02)
				Table II				urities A s, warrai							Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		3A. Deemed Execution Date, i any (Month/Day/Yea	Code		ion I	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		and E (Mon	6. Date Exerci and Expiration (Month/Day/Y		on Date of Un Year) Secu		Fitle and Amount Underlying curities str. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownersh Form of Derivativ Security: Direct (I or Indire ) (I)	Beneficial Ownership (Instr. 4)
					Co	de	v	(A)	(D)		isable	Expirati Date	on 1	Title	or Nu	nount mber Shares		(Instr. 4)	(Instr. 4)	
Dividend Equivalent Units- NQDC	\$ 0 (1)	12/31/2020		12/31/2020	A		8	38.9339		(	1)	(1)	(	Commo Stock	IXX	.9339	\$ 0 (1)	15,370.243	5 D	
Report	ing Ow	ners																		
D ( O N (A))				Relationshi	ips															
Reporting (	Owner Name	e / Address	Directo	or 10% Owner	Office	O	ther													
OCONNOR DAVID P C/O PROLOGIS, INC. PIER 1, BAY 1 SAN FRANCISCO, CA 94111																				

# **Signatures**

/s/ Tammy Colvocoresses attorney in fact for David P. O'Connor	01/05/2021
**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 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.