FORM 4	4
--------	---

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

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

(Find of Type Responses)											
1. Name and Address of Reporting Person [*] Piani Olivier	2. Issuer Name and Prologis, Inc. [PI		radin	g Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_Director10% Owner					
(Last) (First) C/O PROLOGIS, INC., PIER 1, BA'	7.4	3. Date of Earliest Tr 03/31/2021	ansaction (N	Aonth	n/Day/Yea	ır)		Officer (give title below)Oth	ner (specify belo	ow)	
(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 - No	on-De	erivative	Securities	s Acqu	ired, Disposed of, or Beneficially Own	ed		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	3. Transact Code (Instr. 8)	ion	1			Owned Following Reported	Ownership of Indirec Form: Beneficia	Beneficial	
		(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (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	ion)	5. Number of Derivative		6. Date Exer and Expirati (Month/Day	on Date /Year)			Derivative Security (Instr. 5)	Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D) or Indirect	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>	03/31/2021	03/31/2021	А		46.7133		(1)	<u>(1)</u>	Common Stock	46.7133	\$ 0 <u>(1)</u>	7,906.3803	D	

Reporting Owners

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

Signatures

 /s/ Tammy Colvocoresses attorney-in-fact for Olivier Piani
 04/02/2021

 **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

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

and DEUs.

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.