## FORM 4

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

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

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

Person*  (Middle) R 1, BAY 1  11  (Zip)  2. Transaction Date (Month/Day/You	9ro 3. D 07/2 4. If  2A ear) (M	ologis Date of 7/26/20 If Amer  A. Deer xecution y Month/I	Fearli Fearli J21 Indme	c. [P] c.	ransactio rate Origin	Non-De action  V  r indire	rivati  4. Se (A) c (Instruction Amount of the Amount of t	ve Securiti curities Acor Disposec 3, 4 and (A) o	equired of (D) (S)	Directo X Officer  6. Individu _X_Form file _Form file ired, Dispo 5. Amount	(Chec (give title below) Chief al or Joint/Gred by One Reporting by More than One seed of, or Ber of Securities dowing Report (s)	Operating Off Operating Off Operating Off Operating Off Operating Off Operating Operation Operat	ole) % Owner heer (specify be ficer  ck Applicable I on heed  6. Ownership Form: Direct (D)	
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	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Anderson Gary E C/O PROLOGIS, INC., PIER 1, BAY 1 SAN FRANCISCO, CA 94111			Chief Operating Officer				

### **Signatures**

/s/ Tammy Colvocoresses, attorney in fact for Gary E. Anderson	07/27/2021
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).
- (1) Represents shares held in the company's 401(k) Plan as of June 30, 2021.

(2) Conversion of LTIP Units (the "LTIP Units") of Prologis, L.P. into common units of Prologis, L.P. (the "Common Units") and redemption of Common Units for cash. The units have no exercisable date or expiration date.

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.