FORM 4

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

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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 Type	reoponoes)														
1. Name and Address of Reporting Person* Piani Olivier]	2. Issuer Name and Ticker or Trading Symbol Prologis, Inc. [PLD]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director10% Owner					
C/O PROLOGIS, INC., PIER 1, BAY 1 (Street)			_ : 1	Date of Earliest Transaction (Month/Day/Year) 09/30/2021 If Amendment, Date Original Filed(Month/Day/Year)						_	Officer (give title below) Other (specify below) 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
			4							_X_					
SAN FRAN	NCISCO, (CA 94111									roilli illed by N	Tote than One K	eporting rerson		
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					es Acquired	nired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	any	on Date, if	(Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)		Owned Follow Transaction(s)			O Fo	wnership o	eneficial
				(Month/Day/Y		Code	. V	(A) or Amount (D)		(Ins	Instr. 3 and 4)		or (I	Indirect (1	wnership nstr. 4)
Reminder: Re	port on a sep	arate line for each c	lass of securities be	епенстану	owned di	rectly of	Perso in this	ns who form a	are not r		respond u		on contained form display		174 (9-02)
Reminder: Re	port on a sep	arate line for each c					Perso in this a curr	ns who form a ently va	are not r	equired to 3 control r	respond uumber.				174 (9-02)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction	Table II - 3A. Deemed Execution Date, i	Derivativ (e.g., puts 4. f Transac Code	e Securit, calls, was 5. N tion Deri Securit Securit Or D (D)	ies Acquarrants, umber of vative urities uired (A) isposed of	Perso in this a curr ired, Dispoptions, of 6. Date and Ex (Month	ns who form a ently va posed of	are not realid OMI f, or Beneralible secure sable Date	equired to 3 control r	respond unmber. ned Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	10. Ownershi Form of Derivative Security: Direct (D)	11. Nature of Indire Benefici Owners! (Instr. 4)
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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	X				

Signatures

/s/ Tammy Colvocoresses attorney-in-fact for Olivier Piani	10/04/2021
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 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.