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

mo D

(Drint or Tr

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

(Thit of Type Responses)										
1. Name and Address of Reporting Person [*] Modjtabai Avid	2. Issuer Name and Prologis, Inc. [Pl		Fradir	ng Symbo	1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) C/O PROLOGIS, INC., PIER 1, BA	37.1	B. Date of Earliest Transaction (Month/Day/Year) Officer (give title below) Other (specify) 12/31/2021 Officer (give title below) Other (specify)								ow)
^(Street) SAN FRANCISCO, CA 94104	4. If Amendment, Da	ate 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)	1	fable I - No	on-De	rivative S	Securitie	s Acqu	ired, Disposed of, or Beneficially Ow	ned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8)	-	4. Securi (A) or Di (Instr. 3, Amount	4 and 5) (A) or	f (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership

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	4. Transact Code	tion)	5. Number of Deriva Securitie Acquired or Dispose of (D)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,		7. Title and Amount of Underlying Securities		8. Price of 9. Number of Derivative Security (Instr. 5) Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial		
				Code	v	(A)	(D)	Excicisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(11150.4)	
Dividend Equivalent Units - NQDC	\$ 0 (1)	12/31/2021	12/31/2021	А		14.334		<u>(I)</u>	<u>(1)</u>	Common Stock	14.334	\$ 0 <u>(1)</u>	3,844.9327	D	

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Modjtabai Avid C/O PROLOGIS, INC., PIER 1, BAY 1 SAN FRANCISCO, CA 94104	Х							

Signatures

/s/ Tammy Colvocoresses attorney in fact for Avid Modjtabai 01/04/2022

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 Dividend Equivalent Units (DEUs) earned on Deferred Stock Units (DSUs) associated with current service on our board that are deferred under the Prologis, Inc. Nonqualified Deferred Compensation Plan (NQDC Plan). DEUs accrue on outstanding DSUs at the Prologis common stock dividend rate at the time dividends are paid on Prologis
(1) 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. DSU 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.