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

pe Responses	/													
Name and Address of Reporting Person * Moghadam Hamid				2. Issuer Name and Ticker or Trading Symbol Prologis, Inc. [PLD]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector10% Owner				
(Last) (First) (Middle) C/O PROLOGIS, INC., PIER 1, BAY 1				3. Date of Earliest Transaction (Month/Day/Year) 02/25/2022					X	X_ Officer (give title below) Other (specify below) Chairman & CEO				
(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 PersonForm filed by More than One Reporting Person				
у)	(State)	(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								ned		
Security		Date	Executio any	n Da	Year)	de str. 8	(A) (Inst	or Disposed r. 3, 4 and 5 (A) or	of (D) Own (Ins	O) Owned Following Reported Transaction(s) (Instr. 3 and 4)		ed	Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Report on a s	separate line for eac	Table II -	Derivativ	e Se	curities A	cqui	Persons v contained form disp	I in this fo lays a cur d of, or Ber	rm are not rently valic	required I OMB co	to respon	d unless th		1474 (9-02)
1. Title of Derivative Conversion Security (Instr. 3) 2.	3A. Deemed Execution Date, if	4. Transaction Code		5. Number		6. Date Exercisable		7. Title and Amount of Underlying Securities (Instr. 3 and 4)				Ownersh Form of Derivativ Security: Direct (D or Indirect	(Instr. 4)	
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Derivative		(Month/Day/Year	Code	V	of (D) (Instr. 3,		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Following Reported	Direct (I or Indire	O) ct
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Keporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Moghadam Hamid C/O PROLOGIS, INC. PIER 1, BAY 1 SAN FRANCISCO, CA 94111	X		Chairman & CEO		

Signatures

/s/ Tammy Colvocoresses, attorney in fact for Hamid R. Moghadam	02/28/2022
**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).
- (1) Represents LTIP Units of Prologis, L.P. (the "LTIP Units") which vest 25% on each of 2/25/2023, 2/25/2024, 2/25/2025, and 2/25/2026, subject to continued employment. The LTIP Units were issued to the reporting person pursuant to the Prologis, Inc. 2020 Long-Term Incentive Plan (the "2020 LTIP").
 - Conditioned upon minimum allocations to the capital accounts of the LTIP Units for federal income tax purposes, each vested LTIP Unit may be converted, at the election of the holder, into a common unit of limited partnership interest in Prologis, L.P. (a "Common Unit"). Each Common Unit acquired upon conversion of a vested LTIP Unit may be presented
- (2) for redemption, at the election of the holder, for cash equal to the then fair market value of a share of Common Stock of the Company (the "Common Units and redeem Common Units have no expiration dates.
- (3) Represents LTIP Units that were issued in exchange for the executive's cash bonus at the same value as the cash bonus. The LTIP Units vest 100% on issuance date. The LTIP Units were issued to the reporting person pursuant to the 2020 LTIP.
- (4) Represents LTIP Units granted in lieu of salary, which vest 25% on each of 2/25/2023, 2/25/2024, 2/25/2025, and 2/25/2026, subject to continued employment. The LTIP Units were issued to the reporting person pursuant to the 2020 LTIP.

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.