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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* SKELTON JEFFREY L				Pr	Issuer Name and Ticker or Trading Symbol Prologis, Inc. [PLD] Date of Earliest Transaction (Month/Day/Year)									ionship of Reporting Person(all applicable) Director			(s) to Issuer	
(Last)	(First)) (I	Middle)		09/30/2022									Officer (give title below)			Other (specify below)	
C/O PROLOGIS, INC. PIER 1, BAY 1					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) SAN FRANCISCO	CA	9	4111											Form filed	d by More th	nan O	ne Reportin	g Person
(City)	(State	(2	Zip)															
		Т	able I - Non	-Derivati	ive S	ecuritie	s Acc	uired, C	Disp	osed o	f, or B	enefi	cially Ow	ned				
Date				2. Transacti Date Month/Day/		2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Dispo			urities Acquired (A) or sed Of (D) (Instr. 3, 4 and			5. Amount Securities Beneficially Following F	ly Owned or In Reported on(s)		n: Direct (D) ndirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									v	Amount		(A) or (D)	Price	(Instr. 3 and				
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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	4. Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou Securities Underly Derivative Securit 3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title		Amount or Number of Shares		(Instr. 4)			
Dividend Equivalent Units - NQDC	\$0.00 ⁽¹⁾	09/30/2022	09/30/2022	A		41.8062		(1)		(1)	Comr Stoo		41.8062	\$0.00 ⁽¹⁾	5,418.411	14	D	

Explanation of Responses:

1. 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 (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.

Remarks

/s/ Tammy Colvocoresses attorney in fact for Jeffrey L. Skelton 10/04/2022

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.