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

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* ZOLLARS WILLIAM D				Pr	2. Issuer Name and Ticker or Trading Symbol Prologis, Inc. [PLD]									onship of Reporting Person all applicable) Director			(s) to Issuer 10% Owner	
(Last)	(First)	(1)	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 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	ISCO CA 94111													Form filed by More than One Reporting I				Person
(City)	(State) (2	Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date				. Transaction Date Month/Day/		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr.			rities Acquired (A) or ed Of (D) (Instr. 3, 4 and 5)			5. Amount Securities Beneficially Following I	y Owned Form or In Reported (Inst		Direct (D) irect (I) 4)	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
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	e (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	4. Transaction Code (Instr. r) 8)		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 Amour Securities Underly Derivative Security 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	Α		41.8062		(1)		(1)	Com		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 William D. Zollars 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.