SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number 3235-0287 Estimated average burden 0.5 hours per response:

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

1. Name and Address of Reporting Person * KENNARD LYDIA H					2. Issuer Name and Ticker or Trading Symbol Prologis, Inc. [PLD]									tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner				vner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 12/30/2022									Officer (g below)	ive title		Other (s below)	specify	
C/O PROLOGIS, INC. PIER 1, BAY 1					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv X	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) SAN CA FRANCISCO		5	94111												Form file	d by More	than C	One Reportin	ıg Person
(City)	(State	e) (/	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date					ransaction ≩ nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			Securities Beneficiall Following Transactio	Beneficially Owned Following Reported Transaction(s)		vnership :: Direct (D) direct (I) :. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	nt (A) or (D)		Price	(Instr. 3 and 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	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 Amoun Securities Underlyi 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)	Beneficial Ownership (Instr. 4)
				Coc	de	v	(A)	(D)	Date Exercisat		Expiration Date	Title		Amount or Number of Shares	ount or (Instr. 4	(Instr. 4)			
Dividend	(1)	10/20/2020	10/00/0000							Т		Com	nmon		. (1)				

Explanation of Responses:

\$0.00⁽¹⁾

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 (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. 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.

(1)

Remarks:

Equivalent Units

NQDC

/s/ Tammy Colvocoresses attorney 01/04/2023 in fact for Lydia H. Kennard

** Signature of Reporting Person Date

37.9717

Stock

\$0.00⁽¹⁾

5,456.3831

D

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

12/30/2022

A

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

12/30/2022

** 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.

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