PROLOGIS Form 4/A May 14, 2010

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

Form 4 or Form 5 obligations STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

2. Issuer Name and Ticker or Trading

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Issuer

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

Symbol

1. Name and Address of Reporting Person *

1(b).

(Print or Type Responses)

ANTENUCCI TED R

				PROLOGIS [PLD]					(Check all applicable)			
	(Last)	(First)		3. Date of Earliest Transaction (Month/Day/Year)					Director _	10% Owi		
4545 AIRPORT WAY				12/31/2009					_X_ Officer (give title Other (specify below) Pres. & Chief Investment Offcr			
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)				Applic	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
DENVER, CO 80239				01/05/2010				Fo	Form filed by More than One Reporting Person			
	(City)	(State)	(Zip)	Tabl	le I - Non-	Derivative Secur	ities Ac	quired,	Disposed of, or B	Seneficially O	wned	
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution I any (Month/Day	Date, if	3. Transaction Code (Instr. 8)	4. Securities Accordisposed of (D) (Instr. 3, 4 and 5		A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Common Shares of Beneficial Interest, par value \$0.01 (1)	12/31/2009	12/13/200)9	A	44,336.9907	A	\$ 0	125,580	D		
	Common Shares of Beneficial Interest, par value \$.01 (2)	12/31/2009	12/31/200)9	F	18,213	D	\$ 13.69	107,366.938	D		

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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 in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	tionNumber	Expiration Da	ate	Amou	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative	e		Securi	ties	(Instr. 5)
	Derivative				Securities	;		(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						Date	Expiration		or	
						Exercisable	Date		Number	
				~					of	
				Code \	V (A) (D)				Shares	

Reporting Owners

Panarting Owner Name / Address	Relationship		
Reporting Owner Name / Address			

Director 10% Owner Officer Other

ANTENUCCI TED R
4545 AIRPORT WAY
DENVER, CO 80239
Pres. & Chief
Investment
Offcr

Signatures

/s/ Kristi Oberson attorney in fact for Theodore

Antenucci 05/14/2010

**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) Settlement of Performance Share Award and dividend equivalent units.
- (2) Shares withheld for payment of tax liability.

Remarks:

This filing is solely to correct a clerical error in the total number of shares reported in Table I, column 5.

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.

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