## Edgar Filing: PROLOGIS - Form 4

PROLOGIS Form 4												
May 20, 2005												
FORM	1									OMB A	PPROVA	۱L
	UNITED	STATES		RITIES . shingtor				E COMMISSIC	)N	OMB Number:	3235-	0287
Check this b if no longer subject to Section 16. Form 4 or		MENT OI	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						F	Estimated average burden hours per		ry 31, 2005 0.5
Form 5 obligations may continue. See Instruction 1(b). 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 30(h) of the Investment Company Act of 1940												
(Print or Type Resp	ponses)											
1. Name and Address of Reporting Person <u>*</u> ZOLLARS WILLIAM D			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
			PROLOGIS [PLD]				(Check all applicable)					
(Last) (First) (Middle) 10990 ROE AVENUE			<ol> <li>Date of Earliest Transaction</li> <li>(Month/Day/Year)</li> <li>05/18/2005</li> </ol>			X_ Director 10% Owner Officer (give title Other (specify below) below)						
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>						
OVERLAND I	PARK, KS 66	211						Person	y 100	ie ulali Olie K	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Deriva	tive S	Securities A	Acquired, Disposed	l of, o	or Beneficia	lly Owne	d
	Fransaction Date onth/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	Dispo (Instr	ired ( osed o . 3, 4	A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	For (D) (I)	Ownership rm: Direct ) or Indirect str. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	al ip
Dominder: Der (	on o con	for or -l- 1										
Reminder: Report	on a separate line	e for each cl	ass of sec	urities bene	Pe int re dis	ersor form quire	ns who re ation con ed to resp /s a curre	or indirectly. spond to the coll tained in this for bond unless the for ently valid OMB c	m ar orm	re not	SEC 1474 (9-02)	

## 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. Number	6. Date Exercisable and	7. Title and Amount of	8. Pri
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onof Derivative	Expiration Date	Underlying Securities	Deriv
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired			(Instr

	Derivative Security				(A) or Disposed (D) (Instr. 3, and 5)						
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Share Units (1)	\$ 0 <u>(1)</u>	05/18/2005	А		1,215		<u>(1)</u>	<u>(1)</u>	Common Shares of Beneficial Interest	1,215	\$ 4

## **Reporting Owners**

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
ZOLLARS WILLIAM D 10990 ROE AVENUE OVERLAND PARK, KS 66211	Х			
Signatures				

Kate M. Meade, Attorney-in-fact on behalf of William D. Zollars

\*\*Signature of Reporting Person

05/20/2005 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) The deferred share units are deferred until the reporting person is no longer providing services to ProLogis at which time the deferred share units will be converted on a 1-to-1 basis into common shares and distributed to the reporting person.

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.