FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
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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 OF SECURITIES

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

(Print or Type Responses) 1. Name and Address of Reporting Person * BACKAUS MARJORIE				2. Issuer Name and Ticker or Trading Symbol EQUINIX INC [EQIX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) (First) (Middle) 301 VELOCITY WAY, 5TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 07/01/2004							X_Officer (give title below) Other (specify below) Chief Business Officer						
(Street) FOSTER CITY, CA 94404				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)		(State)	(Zip)	Table I - Non-Derivative Securities Acq				s Acqu	l uired, Disposed of, or Beneficially Owned								
(Instr. 3)		2. Transaction Date (Month/Day/Year	2A. Deemed Execution D any (Month/Day		Date, if	3. Transaction Code (Instr. 8)		4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5)					ecurities Beneficially ing Reported		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
				(IVIOIII		y, i cai)	Code	V	mount	(A) or (D)	Price	or Indi (I)		or Indirect			
Common			07/01/2004				M	4	,000	A	\$ 3.25	10,095			D		
Common	Common 07/01/2004						S	4	000	11)	\$ 33.4	6,095				D	
								in this f	orm ar		quired	l to res	pond ur		n contained orm display		1474 (9-02)
Reminder: Re	eport on a sep	parate line for each o	class of securities be	neficially	y own	ned dire	ctly or indi	rectly.									
	2. Conversion		3A. Deemed Execution Date, if	4. Transac	uts, ca	alls, wa 5. Num of	es Acquire rrants, op ber 6. Da Expir	in this f a currer d, Dispo tions, con te Exerci ation Da	orm ar tly valued sed of, evertible sable are	re not re- lid OMB or Benefi le securit	quired contro icially (ies) 7. Ti of U	Owned itle and a	pond ur ber. Amount	8. Price of Derivative	9. Number of Derivative	f 10. Owners	11. Nat
		Date	3A. Deemed	4. Transac Code	etion	alls, wa 5. Num	es Acquire rrants, op ber 6. Da Expirive (Mor des ed	in this f a currer d, Dispo tions, con te Exerci	orm ar tly valued sed of, evertible sable are	re not re- lid OMB or Benefi le securit	quired contro icially (ies) 7. Ti of U	I to res ol num Owned	pond ur ber. Amount	8. Price of	9. Number o	f 10. Owners Form o Derivat Securit Direct (or India	11. Nat of Indir f Benefic ive Owners (Instr. 4
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transac Code	etion	5. Num of Derivat Securit: Acquire (A) or Dispose of (D) (Instr. 3 and 5)	es Acquirrrants, op ber 6. Da Expiritive (Mor eles and dad	in this f a currer d, Dispo tions, con te Exerci ation Da	orm ar tly val	re not re- lid OMB or Benefi le securit nd	quired contro icially (ies) 7. Ti of U	of to resol num Owned itle and Anderlyin rities tr. 3 and	pond ur ber. Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Owners Form o Derivat Securit: Direct (or Indir	11. Nat of Indir f Benefic ive Owners (Instr. 4

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BACKAUS MARJORIE 301 VELOCITY WAY, 5TH FLOOR FOSTER CITY, CA 94404			Chief Business Officer			

Signatures

Marjorie Backaus	07/02/2004
**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) Shares sold pursuant to a 10b5 trading plan.
- (2) This option vests monthly at 1/36 of the total options granted for a period of 36 months.

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.