FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average b	urden					
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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

1. Name and Address of Reporting Person* VAN CAMP PETER				2. Issuer Name and Ticker or Trading Symbol EQUINIX INC [EQIX]							_X_ D	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner					
301 VELOCITY WAY, 5TH FLOOR (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 09/15/2004							_X_O	X_Officer (give title below) Other (specify below) Chief Executive Officer					
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Form	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
FOSTER CITY, CA 94404 (City) (State) (Zip)												uired, Disposed of, or Beneficially Owned					
1.Title of Sec (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Dec Executi any (Month	ion I	Date, if	3. Tr Code (Inst	ransaction	4. Sec (A) or	Disposed 3, 4 and 5	quired of (D)	5. Amo Owned Transa (Instr.	ount of Se	ccurities Ber	neficially	5.	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common			09/15/2004				I	М	7,50) A	\$ 3.2	25 13,75	0]	D	
Common			09/15/2004					S	7,500 (1)) D	\$ 29.80	6,250]	D	
								in thi	is forn	are not	requir	red to res	pond un		n contained orm display		1474 (9-02)
1. Title of Derivative	2. Conversion	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	(<i>e.g.</i> , pu	ıts, c	5. Nu	arran	in thi	is forn rrently sposed conver	n are not valid OM of, or Ben tible secu	requir IB con eficial rities)	red to res ntrol num lly Owned	pond unber. Amount	less the fo	orm display 9. Number o	f 10.	11. Natu
		Date	3A. Deemed	4. Transact	etion	5. Nu	mber ative ities ired sed 0 3, 4,	in thi a cur cquired, Di ts, options, 6. Date Exc	sposed convercisab Date	of, or Benetible secule	requir IB con reficial rities)	red to res ntrol num lly Owned	pond unber. Amount	8. Price of	orm display 9. Number o	f 10. Owners Form o Derivat Security Direct (or Indir	11. Nature of Indire Beneficity Owners! (Instr. 4
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	4. Transact	etion	5. Num of Derives Securia Acquii (A) on Dispo of (D) (Instr. and 5)	mber ative ities ired sed 0 3, 4,	in thi a cur cquired, Di ts, options, 6. Date Exc Expiration	sposed convergercisab Date ny/Year	of, or Benetible secule	requir IB con eficial rities) 7. of So (I	red to res ntrol num Illy Owned . Title and f Underlyir ecurities Instr. 3 and	pond unber. Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Owners Form o Derivat Security Direct (or Indir s) (I)	11. Nature of Indire Beneficity Owners! (Instr. 4

				Relationships	
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other
3	VAN CAMP PETER 301 VELOCITY WAY, 5TH FLOOR FOSTER CITY, CA 94404	X		Chief Executive Officer	

Signatures

Peter Van Camp	09/15/2004
***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.