FORM	4
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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).

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

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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 of Type Responses)												
1. Name and Address of I TAYLOR KEITH D	2. Issuer Name and EQUINIX INC [radin	g Symbol			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
301 VELOCITY WA	(First) AY, 5TH FLOOR		3. Date of Earliest Transaction (Month/Day/Year) 10/01/2004						_X_Officer (give title below)Other (specify below)Other (specify below)Other (specify below)Other (specify below)			
(Street) FOSTER CITY, CA 94404			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acq						uired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	3. Transact Code (Instr. 8)	ion	or Dispo	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially 6. Owned Following Reported Ow Transaction(s) For		7. Nature of Indirect Beneficial	
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common		10/01/2004		М		2,000	А	\$ 3.25	9,034	D		
Common		10/01/2004		S		2,000 (1)	D	\$ 30.6525	7,034	D		

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 SEC 1474 (9-02) this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. N	umber	6. Date Exercisab	ole and	7. Title and Amount		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		Expiration Date		of Underlying Derivative		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)		Code				(Month/Day/Year			Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)			rities			(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	1
	Derivative						uired							2	(Instr. 4)
	Security					(A)					0	Direct (D)			
							osed						1	or Indirect	
						of (I	r. 3, 4,						Transaction(s) (Instr. 4)	(1) (Instr. 4)	
						and							(IIISU. 4)	(11150.4)	
							-)								
											Amount				
									Expiration	Title	or Number				
								Exercisable	Date	THE	of				
				Code	v	(A)	(D)				Shares				
Employee Stock															
Option(Right to Buy)	\$ 3.25	10/01/2004		М			2,000	03/06/2003 ⁽²⁾	03/06/2013	Common	2,000	\$ 0	61,500	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
TAYLOR KEITH D 301 VELOCITY WAY, 5TH FLOOR FOSTER CITY, CA 94404			CAO, VP - Finance				

Signatures

Keith D. Taylor	10/01/2004
**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.