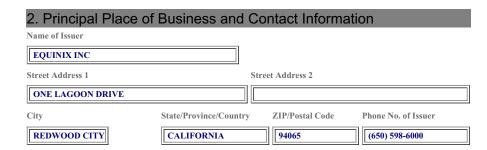


UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.

OMB APPROVAL
OMB Number: 3235-0076
Expires: August 31, 2015
Estimated Average burden hours per response: 4.0

1. Issuer's Identity			
CIK (Filer ID Number)	Previous Name(s)	▼ None	Entity Type
0001101239			© Corporation
Name of Issuer			C Limited Partnership
EQUINIX INC			C Limited Liability Company
Jurisdiction of Incorporation/Organization			C General Partnership
DELAWARE			C Business Trust
Year of Incorporation/Organizatio	n		COther
 Over Five Years Ago 			
Within Last Five Years (Specify Year)			
C Yet to Be Formed			



3. Related Persons				
Last Name	First Name		Middle	Name
Meyers	Charles			
Street Address 1		Street Address 2		
c/o Equinix, Inc.		One Lagoon Dri	ve	
City	State/Province/C	ountry	ZIP/Pos	stal Code
Redwood City	CALIFORNIA		94065	
Relationship: Execut	ive Officer	Director		Promoter
Clarification of Response (if Necessary	<i>i</i>)			
Last Name	First Name		Middle	Name
Morandi	Brandi		Galvir	1
Street Address 1		Street Address 2		
c/o Equinix, Inc.		One Lagoon Dri	ve	
City	State/Province/C	Country	ZIP/Pos	stal Code
Redwood City	CALIFORNIA		94065	
Relationship: Execut	ive Officer	Director		Promoter

Last Name	First Name		Middle Name	
Strohmeyer	Karl			
Street Address 1		Street Addre	ess 2	
c/o Equinix, Inc.		One Lagoo	n Drive	
City	State/Provinc	e/Country	ZIP/Postal Code	
Redwood City	CALIFORN	NIA	94065	
Relationship:	Executive Officer	Director	Promoter	
Clarification of Response	e (if Necessary)			
Last Name	First Name		Middle Name	
Campbell	Michael		Earl	
treet Address 1		Street Addre	ess 2	
c/o Equinix, Inc.		One Lagoo	n Drive	
City	State/Provinc	e/Country	ZIP/Postal Code	
Redwood City	CALIFORN		94065	
Relationship:	Executive Officer	Director	Promoter	
Miller Street Address 1	Simon	Street Addre		<u> </u>
c/o Equinix, Inc.		One Lagoo	n Drive	
City	State/Provinc		ZIP/Postal Code	
Redwood City	CALIFORN	NIA	94065	
Relationship:	Executive Officer	Director	Promoter	
Clarification of Response	e (if Necessary)			
Last Name	First Name		Middle Name	
Baack	Sarah			
Street Address 1		Street Addre	ess 2	
c/o Equinix, Inc.		One Lagoo		\neg
City	State/Provinc		ZIP/Postal Code	
Redwood City	CALIFORN		94065	
. 2				
Relationship:	Executive Officer	Director	Promoter	
Clarification of Response	e (if Necessary)			
				_
Last Name	First Name		Middle Name	
	First Name			
Luby	William		K.	
Luby Street Address 1		Street Addre		
		Street Addre	ess 2	

City			State/Province/	Coun	try	ZIP/Pos	stal Code
Redwood City		CALIFORNIA		94065			
Relationship:	П	Execut	ive Officer	V	Director		Promoter
Clarification of Response	(if N	ecessary					
Clarification of Response	(11.14)	cccssar y	,				
Last Name			First Name			Middle	Name
Lyons III			Irving			F.	111110
Street Address 1					Street Address 2		
c/o Equinix, Inc.				Ī	One Lagoon Dr	ive	
City			State/Province/	Coun			stal Code
Redwood City			CALIFORNI			94065	
Incawood City			CHENORA	7.1		74002	
Relationship:	П	Execut	ive Officer	V	Director		Promoter
тешионянр.	1	- Execut	Tre Officer	1.2.3			1 Tomotes
Clarification of Response	(if N	ecessary	7)				
Last Name			First Name			Middle	Name
Hromadko			Gary				
Street Address 1				5	Street Address 2		
c/o Equinix, Inc.					One Lagoon Dr	ive	
City			State/Province/	Coun	try		stal Code
Redwood City			CALIFORNI	A		94065	
	20.00	-			_		la z
Relationship:		Execut	ive Officer	V	Director		Promoter
Clarification of Response	(if N	ecessary	7)				
Last Name			First Name			Middle	Name
Bartlett			Thomas				
Street Address 1				5	Street Address 2		
c/o Equinix, Inc.					One Lagoon Dr	ive	
City			State/Province/	Coun	try	ZIP/Pos	stal Code
Redwood City			CALIFORNI	A		94065	
Relationship:		Execut	ive Officer	V	Director		Promoter
Clarification of Response	(if N	ecessarv	7)				
•							
Last Name			First Name			Middle	Name
Kriens			Scott]	
Street Address 1			1 [-	5	Street Address 2	7	
c/o Equinix, Inc.				Ī	One Lagoon Dr	ive	
City			State/Province/	یا Coun'			stal Code
Redwood City			CALIFORNI		-	94065	
Relationship:	П	Execut	ive Officer	V	Director		Promoter
	4			123			

Last Name		First Name		Middle Name	
Caldwell		Nanci			
Street Address 1			Street Addres	ss 2	
c/o Equinix, Inc.			One Lagoon	n Drive	
City		State/Province	/Country	ZIP/Postal Code	
Redwood City		CALIFORNI	ΙΑ	94065	
Relationship:	Execu	tive Officer	Director	Promoter	
Clarification of Respons	se (if Necessary	y)			
Last Name		First Name		Middle Name	
Van Camp		Peter			
Street Address 1			Street Address	ss 2	
c/o Equinix, Inc.			One Lagoon	n Drive	
City		State/Province	/Country	ZIP/Postal Code	
Redwood City		CALIFORNI	IA	94065	
Relationship:	Execut	tive Officer	Director	Promoter	
Last Name					
		First Name		Middle Name	
Fox-Martin		First Name Adaire		Middle Name	
Fox-Martin Street Address 1		1	Street Addres		
		1	Street Addres	ss 2	
Co Equinix, Inc.		1	One Lagoon	ss 2	
Co Equinix, Inc.		Adaire	One Lagoon	as 2	
c/o Equinix, Inc. City Redwood City	E Francisco	State/Province	One Lagoon /Country	as 2 Drive ZIP/Postal Code 94065	
c/o Equinix, Inc. City Redwood City	Execu	State/Province	One Lagoon	as 2 Drive ZIP/Postal Code 94065	
c/o Equinix, Inc. City Redwood City Relationship:		State/Province. CALIFORNI tive Officer	One Lagoon /Country	as 2 Drive ZIP/Postal Code 94065	
c/o Equinix, Inc.		State/Province. CALIFORNI tive Officer	One Lagoon /Country	as 2 Drive ZIP/Postal Code 94065	
c/o Equinix, Inc. City Redwood City Relationship: Clarification of Response		State/Province CALIFORNI tive Officer	One Lagoon /Country	ZIP/Postal Code 94065 Promoter	
c/o Equinix, Inc. City Redwood City Relationship: Clarification of Response. ast Name Rivera		State/Province. CALIFORNI tive Officer	One Lagoon /Country	ZIP/Postal Code 94065 Promoter Middle Name	
c/o Equinix, Inc. City Redwood City Relationship: Clarification of Response. ast Name Rivera		State/Province. CALIFORNI tive Officer	One Lagoon /Country IA Director	ZIP/Postal Code 94065 Promoter Middle Name L.	
c/o Equinix, Inc. City Redwood City Relationship: Clarification of Response Last Name Rivera Street Address 1 c/o Equinix, Inc.		State/Province. CALIFORNI tive Officer	One Lagoon /Country IA Director Street Addres One Lagoon	ZIP/Postal Code 94065 Promoter Middle Name L.	
c/o Equinix, Inc. City Redwood City Relationship: Clarification of Response ast Name Rivera Street Address 1 c/o Equinix, Inc.		State/Province CALIFORNI tive Officer First Name Sandra	One Lagoon /Country IA Director Street Addres One Lagoon /Country	ZIP/Postal Code 2IP/Postal Code 94065 Promoter Middle Name L. ss 2	
c/o Equinix, Inc. City Redwood City Relationship: Clarification of Response ast Name Rivera Street Address 1 c/o Equinix, Inc. City		State/Province. CALIFORNI tive Officer Sandra State/Province.	One Lagoon /Country IA Director Street Addres One Lagoon /Country	ZIP/Postal Code Middle Name L. SS 2 Drive ZIP/Postal Code	
Co Equinix, Inc. City Redwood City Relationship: Clarification of Response ast Name Rivera Street Address 1 c/o Equinix, Inc. City Redwood City	se (if Necessary	State/Province. CALIFORNI tive Officer Sandra State/Province.	One Lagoon /Country IA Director Street Addres One Lagoon /Country	ZIP/Postal Code Middle Name L. SS 2 Drive ZIP/Postal Code Promoter	
c/o Equinix, Inc. City Redwood City Relationship: Clarification of Response ast Name Rivera Street Address 1 c/o Equinix, Inc. City Redwood City Redwood City	se (if Necessary	State/Province. CALIFORNI tive Officer State/Province. CALIFORNI CALIFORNI tive Officer	One Lagoon /Country IA Street Addres One Lagoon /Country IA	ZIP/Postal Code Middle Name L. SS 2 Drive ZIP/Postal Code Promoter	
c/o Equinix, Inc. City Redwood City Relationship: Clarification of Respons Last Name Rivera Street Address 1 c/o Equinix, Inc. City	se (if Necessary	State/Province. CALIFORNI tive Officer State/Province. CALIFORNI CALIFORNI tive Officer	One Lagoon /Country IA Street Addres One Lagoon /Country IA	ZIP/Postal Code Middle Name L. SS 2 Drive ZIP/Postal Code Promoter	
Co Equinix, Inc. City Redwood City Relationship: Clarification of Response Last Name Rivera Street Address 1 c/o Equinix, Inc. City Redwood City Relationship: Clarification of Response	se (if Necessary	State/Province. CALIFORNI tive Officer State/Province. CALIFORNI CALIFORNI tive Officer ()	One Lagoon /Country IA Street Addres One Lagoon /Country IA	ZIP/Postal Code 94065 Promoter Middle Name L. SS 2 Drive ZIP/Postal Code 94065 Promoter	
c/o Equinix, Inc. City Redwood City Relationship: Clarification of Response	se (if Necessary	State/Province CALIFORNI tive Officer y) First Name State/Province. CALIFORNI tive Officer y) First Name	One Lagoon /Country IA Street Addres One Lagoon /Country IA	ZIP/Postal Code 94065 Promoter Middle Name L. SS 2 Drive ZIP/Postal Code 94065 Promoter Middle Name B.	

ZIP/Postal Code

City State/Province/Country

Redwood City	CALIFORNIA 94065
Relationship: Execu	ntive Officer Director Promoter
Clarification of Response (if Necessar	у)
4 1 . 1 . 1 . 0	
4. Industry Group	Health Care
C Agriculture	Retailing © Biotechnology
Banking & Financial Services Commercial Banking	C Health Insurance C Restaurants
a=	C Hospitals & Physicians Technology
C Insurance	C Pharmaceuticals C Other Health Care
C Investing C Investment Banking	C Telecommunications
Pooled Investment Fund	C Other Technology
Other Banking & Financial	Travel
C Services	C Manufacturing C Airlines & Airports
C Business Services	Real Estate C Lodging & Conventions
Energy	C Commercial C Tourism & Travel Services
C Coal Mining	C Other Travel
C Electric Utilities C Energy Conservation	REITS & Finance C Residential C Other
© Environmental Services	Other Real Estate
Oil & Gas	
C Other Energy	
5. Issuer Size	
Revenue Range	Aggregate Net Asset Value Range
C No Revenues	C No Aggregate Net Asset Value
C \$1 - \$1,000,000	\$1 - \$5,000,000
C \$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000
C \$25,000,001 - \$100,000,000	\$50,000,001 - \$100,000,000
• Over \$100,000,000	Over \$100,000,000
C Decline to Disclose	C Decline to Disclose
C Not Applicable	O Not Applicable
100 rephicanic	not applicable
6. Federal Exemption	(s) and Exclusion(s) Claimed (select all that
apply)	
Rule 504(b)(1) (not (i), (ii) or (iii))	Rule 505
_	▼ Rule 506(b)
	Kuic 300(b)
Rule 504 (b)(1)(i)	
Rule 504 (b)(1)(ii)	Rule 506(c)
	Rule 506(c) Securities Act Section 4(a)(5)
Rule 504 (b)(1)(ii)	
Rule 504 (b)(1)(ii)	Securities Act Section 4(a)(5)
Rule 504 (b)(1)(ii)	Securities Act Section 4(a)(5)
Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii)	Securities Act Section 4(a)(5)
Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) 7. Type of Filing	Securities Act Section 4(a)(5) Investment Company Act Section 3(c)
Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii)	Securities Act Section 4(a)(5) Investment Company Act Section 3(c)

Duration of Officing
8. Duration of Offering
Does the Issuer intend this offering to last more than one year? $^{\circ}$ Yes $^{\circ}$ No
9. Type(s) of Securities Offered (select all that apply)
Pooled Investment Fund Interests Equity
Tenant-in-Common Securities Debt
Mineral Property Securities Option, Warrant or Other Right to Acquire Another Security
Security to be Acquired Upon Fyeroise of Ontion Warrant or —
Other Right to Acquire Security Other (describe)
10. Business Combination Transaction
Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?
Clarification of Response (if Necessary)
11. Minimum Investment
Minimum investment accepted from any outside s 0 USD
12. Sales Compensation
Recipient CRD Number None
(Associated) Broker or Dealer None (Associated) Broker or Dealer CRD Number
- Authorit
Street Address 1 Street Address 2
City State/Province/Country ZIP/Postal Code
State(s) of Solicitation
40.0%
13. Offering and Sales Amounts
Total Offering Amount \$ 30200275 USD □ Indefinite
Total Amount Sold \$ 30200275 USD
Total Remaining to be \$ 0 USD Indefinite
Sold Sold
Clarification of Response (if Necessary)
4.4 Investors
14. Investors
Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors,
Number of such non-accredited investors who already have invested in the offering

Regardless of whether securities in the offering have been or may be sold
to persons who do not qualify as accredited investors, enter the total
number of investors who already have invested in the offering:

15. Sales Commissions & Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$ 0	USD		Estimate
Finders' Fees	\$ 0	USD	П	Estimate

Clarification of Response (if Necessary)

-	**

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ 0	USD	Estimate
	_	

10

Clarification of Response (if Necessary)

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities
 described and undertaking to furnish them, upon written request, the information furnished to
 offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
EQUINIX INC	/s/ Keith David Taylor	Keith David Taylor	Chief Financial Officer	2020-03-12