FORM 4

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

OMB APPROVAL
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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* VAN CAMP PETER			2. Issuer Name and Ticker or Trading Symbol EQUINIX INC [EQIX]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) ONE LAGOON DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 08/04/2021					X Officer (give title below) Other (specify below) Executive Chairman					
(Street) REDWOOD CITY, CA 94065			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 Acqu				Acqui	uired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)	Dat	2. Transaction Date (Month/Day/Year)		Code (A (Instr. 8) (A		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Beneficially Owned Following Reported Transaction(s)		ollowing (s)	6. Ownership Form:	Beneficial
			(Month/Day/Year)	Code	VA	mount	(A) or (D)	Price	(Instr. 3 a	(I)		or Indirect	Ownership (Instr. 4)
Common Stock	08/	/04/2021		G	V 1	22	D	\$ 0	8,062			D	
Reminder: Report on a sep-	parate line for eac	n class of securi	dies beneficially ow		Persor contain	s who	this for	m are	not requ		ormation spond unlestrol number	s	1474 (9-02)
Reminder: Report on a sep-	parate line for eac		,		Persor contain the for	s who ned in m disp	this for plays a	m are currei	not requ ntly valid	ired to res	spond unles	s	1474 (9-02)
1. Title of Derivative Conversion Derivative Conversion	. Transaction Oate Month/Day/Year)	Table II - I	Derivative Securities, puts, calls, wa e, if Transaction Code (Instr. 8)	es Acquire rrants, op 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	Persor contain the for ed, Disp tions, co 6. Date and Ex (Month	ns who ned in m disp osed of onvertil	this for blays a c, or Ben ble secur sable Date	eficial rities) 7. Ti Amo Undo Secu	not requ ntly valid	OMB cont	spond unles	f 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Natural of Indirection of Indire
1. Title of Derivative Security (Instr. 3) 2. Conversion Do or Exercise Price of Derivative	. Transaction Date	Table II - I	Derivative Securities, puts, calls, wa 4. Transaction 1 Code (Instr. 8) (1) (2)	es Acquire rrants, op 5. Number of Derivative Securities Acquired (A) or Disposed of (D)	Persor contain the for ed, Disp tions, co 6. Date and Ex (Month	s who ned in m disp osed of onvertil Exercis piration //Day/Y	this for plays a , or Ben ble secu sable Date (ear)	eficial rities) 7. Ti Ama Und Secu (Inst 4)	e not requently valid Ity Owned Itle and ount of erlying urities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownersl Form of Derivati Security Direct (I or Indirects)	11. Nat of Indir Benefic Owners : (Instr. 4

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
VAN CAMP PETER ONE LAGOON DRIVE REDWOOD CITY, CA 94065	X		Executive Chairman			

Signatures

/s/	Samantha Lagocki, POA	08/05/2021
	**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).

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.