FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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 Ty | pe Response | s) | | | | | | | | | | | | | | | | |
|---|---|---|--|--|------|---|--------------------|--|---------------|---|---|---|---|---|----------------------------------|---------------------------------------|--|----------------------------------|
| 1. Name and Address of Reporting Person * HROMADKO GARY | | | | 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 | | | | | | | |
| EQUINIX, INC, ONE LAGOON DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/01/2021 | | | | | | | Office | r (give title belo | ow) | Other (specify | below | 7) | | |
| (Street) | | | | 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 | | | | | | | | |
| REDWO | OD CITY | , CA 94065 | | | | | | | | | | | | | one responding | . 0.50 | | |
| (City |) | (State) | (Zip) | | | Ta | ble I | - Non | -Deri | vative | Securities . | Acqui | ired, Dispo | osed of, or I | Beneficially | Owned | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Da | | | Code (Instr. 8) | | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | ollowing | Ownership Form: | | 7. Nature of Indirect Beneficial |
| | | | (Month/Day/Year) | | | ode | V | Amour | (A) or | Price | | Direct (D) or Indirec (I) (Instr. 4) | | | Indirect (Instr. 4 | | | |
| Common | Stock | | 09/01/2021 | | | | | S | | 7,800 | D 9 | \$ 855 | 142,893 | | | D | | |
| | | | Table II - | | | | | t | the fo | orm dis | splays a c | curre: | ntly valid | OMB conf | spond unle trol numbe | | | |
| 1 77:1 6 | l. | 0 T .: | | - | | | | | | | tible secur | | 1 | 0 D : C | 0.37 | 6 10 | | 11 37 . |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transactior Date (Month/Day/\) | Execution Da Year) any | te, if Transaction Code Year) (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amo Und Secu | itle and ount of erlying urities tr. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owner Form Oeriva Securi Direct or Indi | of tive ty: (D) rect | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | V | (A) | | Date Exerc | cisable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Reporting Owners

| | Relationships | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| HROMADKO GARY EQUINIX, INC ONE LAGOON DRIVE REDWOOD CITY, CA 94065 | X | | | | | | |

Signatures

| /s/ Samantha Lagocki, POA | 09/01/2021 |
|---------------------------------|------------|
| **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.