FORM 4

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

OMB APPRO	OVAL
OMB Number:	3235-0287
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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															
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) 301 VELOCITY WAY, 5TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 05/21/2004							X Officer (give title below) Other (specify below) Chief Executive Officer				
FOSTER CITY, CA 94404				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person				:)
(City)		(State)	(Zip)			Tab	le I - Non-D	Derivati	ve Securitie	es Acquired	l, Disposed of	f, or Benefi	cially Owned		
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea		if Code (Inst		4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5)		Ov Tra				Ownership Form:	7. Nature of Indirect Beneficial Ownership
							ode V	Amour	(A) or (D)	Price	(msu. 3 and 4)		(or Indirect (I) (Instr. 4)	(Instr. 4)
Common			05/21/2004]	M	6,600	A \$	3.25 12	2,850		I)	
Common			05/21/2004				S	6,600 (1)	11)	8.6961 6,	,250		I)	
Reminder: Re	eport on a sep	parate line for each (,			in thi a cur	is form rently	are not re valid OMB	equired to 3 control n	respond un number.		n contained orm display		1474 (9-02)
Reminder: Re	eport on a sep	parate line for each of	ciass of securities be				in thi	is form	are not re	equired to	respond un				1474 (9-02)
	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	- Derivat (e.g., pu 4. Transact Code	5. N tion of Der Sec Acc	warran fumber ivative urities uired	in thi	rently sposed conver ercisabl Date	of, or Beneficible securing and	equired to 3 control n ficially Owr	respond un number. ned and Amount rlying es	less the f	9. Number or Derivative Securities Beneficially Owned	f 10. Owners Form of Derivati Security	11. Nati hip of Indir Benefic ive Owners 7: (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	- Derivat (e.g., pu 4. Transact Code	sts, calls, 5. N of Der Sec (A) Dis of (warran fumber ivative urities uired or posed D) tr. 3, 4,	in thi a cur cquired, Dis its, options, 6. Date Exe Expiration	rently sposed conver ercisabl Date	of, or Beneficible securing and	ficially Owr tities) 7. Title a of Under Securitie	respond un number. ned and Amount rlying es	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially	f 10. Owners Form of Derivati Security Direct (or Indire	11. Nature of Indirective Owners (Instr. 4
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	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
VAN CAMP PETER					
301 VELOCITY WAY, 5TH FLOOR	X		Chief Executive Officer		
FOSTER CITY, CA 94404					

Signatures

Peter Van Camp	05/24/2004
**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.