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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average b	urden				
houre por rosponso	0.5				

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

	e Responses)																
1. Name and Address of Reporting Person *- VAN CAMP PETER  (Last) (First) (Middle) 301 VELOCITY WAY, 5TH FLOOR				2. Issuer Name and Ticker or Trading Symbol EQUINIX INC [EQIX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director						
				3. Date of Earliest Transaction (Month/Day/Year) 08/16/2004													
(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 Acqu							lired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yes		2A. Deemed Execution Date, if		if Coo	3. Transaction Code (Instr. 8)		4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)		of (D)	ed 5. Amount of Seco		curities Beneficially		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
							Code	V A	mount	(A) or (D)	Price					r Indirect (1) (Instr. 4)	(Instr. 4)
Common			08/16/2004				M	7	,500	Ι Δ	\$ 3.25	13,75	0		]	)	
Common			08/16/2004				S		,500 1	11)	\$ 29.95	6,250			]	)	
Reminder: R	eport on a se	parate line for each c	Table II	- Deriva	tive Secu	rities A	P ir a .cquired	erson: n this f curre	orm and the second of the seco	re not re lid OMB or Benef	equired contr	d to res ol num	pond un		n containec orm display		1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date		- Deriva (e.g., pu 4. Transac Code	tive Secu uts, calls, 5. N of Der Der Sec (A) Disj of (	rities A warrar umber vative urities uired or cosed D) (rr. 3, 4,	equired nts, opti	erson: n this f curre	orm and the sed of, need of, need of, need of, need of, need of the sed of th	re not re lid OMB or Benef le securi	ficially ties) 7. Tiof U	d to res ol num	pond unber.  Amount	8. Price of	orm display	10. Owners: Form of Derivati Security Direct () or Indire	11. Naturo of Indirect Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II  3A. Deemed Execution Date, if any	- Deriva (e.g., pu 4. Transac Code	tive Securits, calls, calls, stion of Der Sec Acc (A) Dissip of (Ins	rities A warrar umber vative urities uired or cosed D) (rr. 3, 4,	equired nts, opti	rerson: n this f currer l, Dispo ons, co e Exercition Da h/Day/Y	sed of, nvertib sable a te 'ear)	re not re lid OMB or Benef ele securi nd	ficially ties) 7. Tiof U	d to resol num  Owned  itle and Inderlyin rities tr. 3 and	pond unber.  Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(	To Owners: Form of Derivati Security Direct (i or Indirect) (I)	11. Naturo of Indirect Beneficia Ownershi (Instr. 4)

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
VAN CAMP PETER 301 VELOCITY WAY, 5TH FLOOR FOSTER CITY, CA 94404	X		Chief Executive Officer		

# **Signatures**

Peter Van Camp	08/16/2004
**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.