FORM	4
------	---

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations may
continue. See
Instruction 1(b).

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

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

SEC 1474 (9-02)

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 [*] – LANAM RENEE]	2. Issuer Name and Ticker or Trading Symbol EQUINIX INC [EQIX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner		
301 VELOCITY WAY, 5TH FLOOP		3. Date of Earliest Transaction (Month/Day/Year) 02/07/2005						X_Officer (give title below) Other (specify below) Chief Financial Officer		
(Street) FOSTER CITY, CA 94404	4	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 Acquired, Dispos								ired, Disposed of, or Beneficially Owne	ed	
1. Title of Security (Instr. 3)	Date Execution Date, if Code (A) o (Month/Day/Year) any (Instr. 8) (Instr		4. Securi (A) or D (Instr. 3,	isposed	of (D)	Owned Following Reported Transaction(s)	Ownership of Form: B	Beneficial		
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	02/07/2005		М		4,000	A	\$ 3.25	9,468	D	
Common	01/07/2005		S		4,000 (<u>1)</u>	D	\$ 43.99	5,468	D	
Common	01/07/2005		М		1,000	А	\$ 30.02	6,468	D	
Common	01/07/2005		S		1,000 (1)	D	\$ 44.2	5,468	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of Derivative	2. Conversion		3A. Deemed Execution Date, if	4. Transaat			6. Date Exercisable and				8. Price of Derivative	9. Number of	10. Ownership	11. Nature	
		(Month/Day/Year)		Code			ivative	Expiration Date (Month/Day/Year)				Security			Beneficial
	Price of Derivative Security		(Month/Day/Year)			Secu Acq (A) Disp of (I	urities uired or oosed D) tr. 3, 4,	(Month/Day/Year)				(Instr. 5)	Beneficially Owned Following Reported Transaction(s)	Derivative Security: Direct (D) or Indirect	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Employee stock Option (Right To buy)	\$ 3.25	02/07/2005		М			4,000	03/06/2003 ⁽²⁾	03/06/2013	Common	4,000	\$ 0	68,000	D	
Employee stock Option (Right To buy)	\$ 30.02	02/07/2005		М			1,000	02/09/2014 ⁽³⁾	02/09/2014	Common	1,000	\$ 0	88,000	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
LANAM RENEE 301 VELOCITY WAY, 5TH FLOOR FOSTER CITY, CA 94404			Chief Financial Officer				

Signatures

Renee Lanam	02/07/2005
**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.
- (3) This option vests monthly at 1/48 of the total options granted for a period of 48 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.