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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).

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

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

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 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			
301 VELOCITY W.	(First) AY, 5TH FLOOR		3. Date of Earliest Transaction (Month/Day/Year) 02/15/2005					X_Officer (give title below)Other (specify below)			
(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)		Table I - No	on-D	erivative	Securiti	es Acqu	ired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8)	ion V	(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
Common		02/15/2005		М		7,500	A	\$ 3.25	7,500	D	
Common		02/15/2005		S		7,500 (1)	D	\$ 42.93	0	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

	(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. N	umber	6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		Expiration Date of		of Underlying Derivat		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Deri	vative			Securities Security		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8))	Secu	urities			(Instr. 3 and	4)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acq	uired						Owned	Security:	(Instr. 4)
	Security					(A)							Following	Direct (D)	
							osed						1	or Indirect	
						of (I							Transaction(s)		
							tr. 3, 4,						(Instr. 4)	(Instr. 4)	
						and	5)								
											Amount				
								Date	Expiration		or				
									Date	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				
Employee															
Stock															
	¢ 2 2 5	00/15/0005							00/06/0010	a		\$ 0	00.100		
Option	\$ 3.25	02/15/2005		Μ			7,500	03/06/2003(2)	03/06/2013	Common	7,500	\$ 0	88,100	D	
(Right to															
Buy)															

Reporting Owners

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

Signatures

Peter Van Camp	02/15/2005
***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.

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.