FORM 4

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

OMB APPROVAL
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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

(Print or Ty	pe Response	s)																
1. Name and Address of Reporting Person * TAYLOR KEITH D					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						
(Last) (First) (Middle) ONE LAGOON DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 08/27/2018						X Officer (give title below) Other (specify below) Chief Financial Officer							
(Street)				4. If							5. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person							
		, CA 9406												a by More than	Tone reporting	reison		
(City)	(State)	(Zip)			Tal	ble I - N	Non-E	Derivative	Secui	rities A	cquir	ed, Dispo	osed of, or I	Beneficially	Owned		
(Instr. 3) Date (Month/Day/Year) at			Execut any	Execution Date, if		Code		4. Securities Acquired (or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Followin Reported Transaction(s) (Instr. 3 and 4)			Following	Ownership Form:		Beneficial Ownership	
							Code	V	Amount	(A) or (D)	Pri	ce				(I) (Instr. 4		
Common Stock			08/27/2018				S ⁽¹⁾		300	D	\$ 430.2 (2)	2267	21,141			D		
Common Stock		08/27/2018				S ⁽¹⁾		777	D	\$ 431.5 (3)	5483	20,364			D			
Common Stock		08/27/2018				S ⁽¹⁾		923	D	\$ 432.1 (4)	132.1906 19,4		141		D			
Reminder:	Report on a s	separate line	for each class of so	curities l	beneficiall	y ow	vned dir	Pe	ersons w entained	ho re in thi	s form	are	not requ		formation spond unleading	ss	EC 147	74 (9-02)
			Table I		ative Secu puts, calls								y Owned					
Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transacti Date (Month/Day	Execution any	Date, if	Code (ear) (Instr. 8)		Number a		. Date Exercisable nd Expiration Date Month/Day/Year)		ate	7. Title at Amount a Underlyin Securities (Instr. 3 a 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owr Form Deri Secu Dire or In	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)
					Code	v	(A) (I	E	ate xercisable		ration		Amount or Number of Shares					
Danar	rting ()	wnors																

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
TAYLOR KEITH D ONE LAGOON DRIVE REDWOOD CITY, CA 94065			Chief Financial Officer					

Signatures

Samantha Lagocki, POA	08/28/2018				
**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 were sold pursuant to a 10b5-1 Trading Plan
 - The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$429.95 to \$430.63 inclusive. The
- (2) reporting person undertakes to provide to Equinix, Inc, any security holder of Equinix Inc, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes 3 and 4 to this Form 4.
- (3) The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$431.01 to \$432.01 inclusive.
- (4) The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$432.03 to \$432.72 inclusive.

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.