# FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	0.5

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 Type	c recoponises)														
1. Name and Address of Reporting Person * CALDWELL NANCI			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) EQUINIX, INC, ONE LAGOON DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 06/18/2020					_	Officer (g	ive title below)	Of	her (specify belo	ow)	
(Street) REDWOOD CITY, CA 94065			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)			(Zip)	Table I - Non-Derivative Securities Acqu						ies Acquire	aired, Disposed of, or Beneficially Owned				
1.Title of Sec (Instr. 3)	,		Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year		(Instr. 8)		(A) or Disposed		of (D) Ov 5) Tr	Amount of Securities Beneficially and Following Reported ansaction(s) str. 3 and 4)		Ownership Form:	7. Nature of Indirect Beneficial Ownership	
							Code	V Am	nount (A) or	r Price				(I) (Instr. 4)	
Reminder: R	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Table II - I	Derivative S	Securi	ities	Acavi	form dis	ed in this fo plays a cu	orm are no rrently val	t required id OMB c	l to respoi	nd unless t		1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction Date (Month/Day/Ye	3A. Deemed Execution Date,	4. Transact	tion S	varra 5.	ents, o	containe form dis	ed in this for plays a cure sed of, or Be vertible secretisable and the control of the control o	orm are no rrently val neficially C	ot required id OMB co Owned d Amount ving	l to respoi	nd unless taber.  9. Number of	of 10. Ownersh Form of Derivati Security Direct (I or Indire	11. Nature of Indired Beneficia ove Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, ar)	4. Transact	1 ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	warra  5.  Numb  of  Derive  Secur  Acqui  (A) on	per ative ities ired rosed )	contained form dissired, Dispos options, con 6. Date Executed and Expirate	ed in this for plays a cure sed of, or Be vertible secretisable and the control of the control o	neficially Curities) 7. Title and of Underly Securities	ot required id OMB co Owned d Amount ving	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Ownersh Form of Derivati Security Direct (I or Indire	11. Natur of Indire Beneficia Ownersh (Instr. 4)
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### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
CALDWELL NANCI EQUINIX, INC ONE LAGOON DRIVE REDWOOD CITY, CA 94065	X					

## **Signatures**

Samantha Lagocki, Power of Attorney	06/22/2020
**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).

- The Restricted Stock Units shall vest on the earlier of (i) the one year anniversary of the grant date or (ii) if the person does not stand for re-election as a director of the Company, the (1) date of the regular meeting of the Company's stockholders held in the calendar year susequent to the grant date; provided that the reporting person in continuous service through such vesting date.
- (2) Restricted Stock Unit award expires upon reporting person's terminiation of service.

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.