FORM D

Notice of Exempt Offering of Securities

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



1. Issuer's Identity			
CIK (Filer ID Number)	Previous Name(s)	None None	Entity Type
0001101239			Corporation
Name of Issuer	_		C Limited Partnership
EQUINIX INC			C Limited Liability Company
Jurisdiction of Incorporation/Organization			C General Partnership
DELAWARE			C Business Trust
Year of Incorporation/Organization	on		C Other
 Over Five Years Ago 			
C Within Last Five Years (Specify Year)			

C Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer					
EQUINIX INC					
Street Address 1		Stree	t Address 2		
ONE LAGOON DRIVE					
City	State/Province/Countr	у	ZIP/Postal Code	Phone No. of Issuer	
REDWOOD CITY	CALIFORNIA		94065	(650) 598-6000	

3. Related Persons

Last Name	First Name		Middle Name
Meyers	Charles		
Street Address 1		Street Address 2	
c/o Equinix, Inc.		One Lagoon Dr	ive
City	State/Province/C	ountry	ZIP/Postal Code
Redwood City	CALIFORNIA		94065
Relationship: Exec	eutive Officer	Director	Promoter

Clarification of Response (if Necessary)

Last Name	First Name	Middle Name
Morandi	Brandi	Galvin
Street Address 1	Street	Address 2
c/o Equinix, Inc.	One	Lagoon Drive
City	State/Province/Country	ZIP/Postal Code
Redwood City	CALIFORNIA	94065
Relationship:	ecutive Officer 🔲 Di	rector Promoter

Clarification of Response (if Necessary)

Last Name		First Name		Middle	Name	
Strohmeyer		Karl				
Street Address 1		-	Street Addres	ss 2		
c/o Equinix, Inc.]	One Lagoor	n Drive		
City		State/Province/	/Country	ZIP/Po	stal Code	
Redwood City		CALIFORNI	[A	94065	5	
[-] [<u></u>				
Relationship:	Execu	tive Officer	Director		Promoter	
Clarification of Respon	se (if Necessar	y)				
Last Name		First Name		Middle	Name	
Campbell		Michael		Earl		
Street Address 1			Street Addres	ss 2		
c/o Equinix, Inc.			One Lagoor	n Drive		
City		State/Province/			stal Code	
Redwood City		CALIFORNI		94065		
Relationship:	Execu	tive Officer	Director		Promoter	
Clarification of Respon	ise (if Necessar	y)	<u> </u>			
Last Name		First Name		Middle	Name	
Street Address 1		-	Street Addres	ss 2		
c/o Equinix, Inc.			One Lagoor	n Drive		
City		State/Province/	/Country	ZIP/Po	stal Code	
Redwood City		CALIFORNI	A	94065	5	
Relationship:	Execu	tive Officer	Director		Promoter	
Clarification of Respon	se (if Necessar	y)				
Last Name		First Name		Middle	Name	
Baack		Sarah				
Street Address 1			Street Addres	ss 2		
c/o Equinix, Inc.			One Lagoor	n Drive		
City		State/Province/	/Country	ZIP/Po	stal Code	
Redwood City		CALIFORNI	ΙΑ	94065	5	
Relationship:	Execu	tive Officer	Director		Promoter	
Clarification of Respon	se (if Necessar	y)				
Last Name		First Name		Middle	Name	
Luby		William		K.		
Street Address 1			Street Addres			
c/o Equinix, Inc.			One Lagoor			
Les Equina, me						

City			State/Provinc						
Redwood City			CALIFORM	NIA		940	65		
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Relationship:		Executi	ve Officer		Director			Promoter	
Clarification of Respon	se (if N	ecessary))						
Last Name			First Name				le Nam	e	
Lyons III			Irving			F.			
Street Address 1				-	treet Address 2]
c/o Equinix, Inc.			Ci i 10	-	One Lagoon D				
City]	State/Provinc		ry	ZIP/I 940	Postal C	ode	
Redwood City			CALIFORM	NIA		940	05		
Relationship:		Executi	ve Officer		Director			Promoter	
Clarification of Respon	se (II IN	ecessary))						
Last Name]	First Name			Midd	le Nam	е	
Hromadko			Gary						
Street Address 1				-	treet Address 2				1
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c/o Equinix, Inc.			0 m		One Lagoon D				
City		1	State/Provinc	e/Count		ZIP/I	Postal C	Code	
			State/Provinc	e/Count				Code	
City		Executi		e/Count		ZIP/I		Code Promoter	
City Redwood City		_	CALIFORM ve Officer	via	ry	ZIP/I			
City Redwood City Relationship: Clarification of Respons		_	Ve Officer	via	ry	ZIP/I	65	Promoter	
City Redwood City Relationship: Clarification of Response		_	CALIFORN ve Officer	via	ry	ZIP/I		Promoter	
City Redwood City Clarification of Respons Last Name Bartlett		_	Ve Officer	NIA	Director	ZIP/I	65	Promoter	
City Redwood City Relationship: Clarification of Respons Last Name Bartlett Street Address 1		_	CALIFORN ve Officer		Director	ZIP/I 940 Midd	65	Promoter	
City Redwood City Relationship: Clarification of Respons Last Name Bartlett Street Address 1 c/o Equinix, Inc.		_	CALIFORM ve Officer First Name		Director Director treet Address 2 One Lagoon E	ZIP/I 940 Midd	65	e	
City Redwood City Relationship: Clarification of Response Last Name Bartlett Street Address 1 c/o Equinix, Inc. City		_	CALIFORM ve Officer First Name Thomas State/Provinc	Since/Count	Director Director treet Address 2 One Lagoon E	ZIP/I 940 Midd	le Nam	e	
City Redwood City Relationship: Clarification of Respons Last Name Bartlett Street Address 1 c/o Equinix, Inc.		_	CALIFORM ve Officer First Name	Since/Count	Director Director treet Address 2 One Lagoon E	ZIP/I 940 Midd	le Nam	e	
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City Redwood City Relationship: Clarification of Respon: Last Name Bartlett Street Address 1 c/o Equinix, Inc. City Redwood City	se (if N	ecessary)	CALIFORM ve Officer First Name Thomas State/Provinc CALIFORM ve Officer	Sie/Count	Treet Address 2	ZIP/I 940 Midd	ess le Nam	e code	
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City Redwood City Relationship: Clarification of Respon: Last Name Bartlett Street Address 1 c/o Equinix, Inc. City Redwood City Clarification of Respon:	se (if N	ecessary)	CALIFORM ve Officer First Name Thomas State/Provinc CALIFORM ve Officer	Sie/Count	Treet Address 2	ZIP/I 940 Midd 2 Drive ZIP/I 940	ess le Nam	e Promoter e Code	
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Last Name	Fir	st Name		Middle N	ame	
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Street Address 1			Street Address 2]		
c/o Equinix, Inc.]	One Lagoon Dri	ive		ור
City	Sta	te/Province/Cou		ZIP/Post:	al Code	-1
Redwood City		ALIFORNIA		94065		
<u> </u>						
Relationship:	Executive (Officer	Director		Promoter	
Clarification of Respons	e (if Necessary)					
Last Name	Fir	st Name		Middle N	ame	
Van Camp	Pe	ter]		
Street Address 1			Street Address 2			
c/o Equinix, Inc.			One Lagoon Dri	ive		
City	Sta	te/Province/Cou	intry	ZIP/Post:	al Code	-
Redwood City	С	ALIFORNIA		94065		
Relationship:	Executive C	Officer	Director		Promoter	
Clarification of Respons						-
Last Name	1	st Name		Middle N	ame	
Fox-Martin		laire				
Street Address 1]	Street Address 2			-
c/o Equinix, Inc.			One Lagoon Dri	ve		
City		te/Province/Cou	intry	ZIP/Post:	al Code	1
Redwood City	C	ALIFORNIA		94065		
Relationship:	Executive (Officer	Director		Promoter	
Clarification of Respons	e (if Necessary)					
Last Name		st Name		Middle N	ame	-
Last Name		st Name ndra]	Middle N	ame	
			Street Address 2		ame	- -
Rivera			Street Address 2	L.	ame	
Rivera Street Address 1	Sa		One Lagoon Dri	L.		
Rivera Street Address 1 C/0 Equinix, Inc.	Sta	ndra	One Lagoon Dri	L.		
Rivera Street Address 1 C/0 Equinix, Inc. City	Sta	ndra	One Lagoon Dri	IL. Ive ZIP/Post:		- -
Rivera Street Address 1 C/0 Equinix, Inc. City	Sta	ndra te/Province/Cot ALIFORNIA	One Lagoon Dri	L. ive ZIP/Post: 94065		-]]
Rivera Street Address 1 c/o Equinix, Inc. City Redwood City	Sta	ndra te/Province/Cot ALIFORNIA	One Lagoon Dri	L. ive ZIP/Post: 94065	al Code	
Rivera Street Address 1 c/o Equinix, Inc. City Redwood City Relationship:	Sta	ndra te/Province/Cot ALIFORNIA	One Lagoon Dri	L. ive ZIP/Post: 94065	al Code	
Rivera Street Address 1 c/o Equinix, Inc. City Redwood City Relationship: Clarification of Respons	Sta Sta Executive (if Necessary)	ndra te/Province/Cou ALIFORNIA Officer	One Lagoon Dri	L. ZIP/Post: 94065	al Code	
Rivera Street Address 1 C/o Equinix, Inc. City Redwood City Relationship: Clarification of Respons Last Name	Sta Sta Executive (if Necessary)	te/Province/Cou ALIFORNIA Officer	One Lagoon Dri	L. ZIP/Posta 94065	al Code	
Rivera Street Address 1 c/o Equinix, Inc. City Redwood City Relationship: Clarification of Respons Last Name Paisley	Sta Sta Executive (if Necessary)	te/Province/Cou ALIFORNIA Officer	One Lagoon Dri	L. ZIP/Posta 94065	al Code	

Redwood City	CALIFORM	NIA	94065
Relationship:	Executive Officer	Director	Promoter
Clarification of Res	ponse (if Necessary)		

4. Industry Group	
~ Agriculture	Health Care
C Agriculture	C Biotechnology
Banking & Financial Services	C Health Insurance
C Commercial Banking	C Hospitals & Physicians
C Insurance	C Pharmaceuticals
C Investing	C Other Health Care

- C Investment Banking
- C Pooled Investment Fund
- Other Banking & Financial C Services

C Business Services

Energy

- C Coal Mining C Electric Utilities
- C Energy Conservation
- C Environmental Services
- C Oil & Gas
- C Other Energy

5. Issuer Size

Revenue Range

- C No Revenues
- C \$1 - \$1,000,000
- C \$1,000,001 - \$5,000,000
- C \$5,000,001 - \$25,000,000 C
- \$25,000,001 \$100,000,000
- . Over \$100,000,000
- C Decline to Disclose
- Not Applicable C

C Retailing

- C Restaurants
- Technology
 - C Computers
 - **C** Telecommunications
 - C Other Technology

Travel

- O Airlines & Airports
 - C Lodging & Conventions
 - Tourism & Travel Services
- C Other Travel
- C Other

Aggregate Net Asset Value Range

0

C Manufacturing

Real Estate

C Commercial

C Construction

C Residential

C Other Real Estate

- C No Aggregate Net Asset Value
- O \$1 - \$5,000,000
- C \$5,000,001 - \$25,000,000
 - \$25,000,001 \$50,000,000
- C \$50,000,001 - \$100,000,000
- 0 Over \$100,000,000
- C Decline to Disclose
- C Not Applicable

Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)					
Rule 504(b)(1) (not (i), (ii) or (iii))		Rule 505			
Rule 504 (b)(1)(i)		₩ Rule 506(b)			
Rule 504 (b)(1)(ii)		Rule 506(c)			
Rule 504 (b)(1)(iii)		Securities Act Section 4(a)(5)			
		Investment Company Act Section 3(c)			

7. Type of Filing

New Notice

2020-03-02

Date of First Sale

First Sale Yet to Occur

8. Duration of Offering

œ 0

Does the Issuer intend this offering to last more than one year? Yes No
9. Type(s) of Securities Offered (select all that apply)
Pooled Investment Fund Interests Equity
Tenant-in-Common Securities Debt
Mineral Property Securities Option, Warrant or Other Right to Acquire Another Security
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security
10. Business Combination Transaction
Is this offering being made in connection with a business combination f Yes $^{ m C}$ No transaction, such as a merger, acquisition or exchange offer?
Clarification of Response (if Necessary)
11. Minimum Investment
Minimum investment accepted from any outside \$
investor C
12. Sales Compensation
Recipient Recipient CRD Number
(Associated) Broker or Dealer INone (Associated) Broker or Dealer CRD None Number
Street Address 1 Street Address 2
City State/Province/Country ZIP/Postal Code
State(s) of Solicitation

13. Offering and Sales Amounts

Total Offering Amount	\$	30200275 USD	Indefinite
Total Amount Sold	\$	30200275 USD	
Total Remaining to be Sold	\$	0 USD	□ Indefinite
Clarification of Response	e (if	Necessary)	

14. Investors

Select if securities in the offering have been or may be sold to persons who



do not qualify as accredited investors, Number of such non-accredited investors who already have invested in the offering Г

Regardless of whether securities in the offering have been or may be sole
o persons who do not qualify as accredited investors, enter the total
umber of investors who already have invested in the offering:



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10.	Jaies	001111113510115		1 663	LYDENSE

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$	0	USD	Γ	Estimate	
Finders' Fees	\$	0	USD	Γ	Estimate	
Clarification of Response (if Necessary)						

16. Use of Proceeds

F

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

	\$ 0	USD 🗖 Esti	imate
Clarification of Response (if Necessary)			
Signature and Submission			

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which the issuer maintains its principal place of business or any State in which the state in which the state in which the issuer maintains its principal place of business or any State in which the state in w
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
EQUINIX INC	/s/ Keith David Taylor	Keith David Taylor	Chief Financial Officer	2020-03-12