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

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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 Type Responses) 1. Name and Address of Reporting Person* 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					
(Last) (First) (Middle) ONE LAGOON DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 08/05/2022						X Officer (give title below) Other (specify below) Executive Chairman				
(Street) REDWOOD CITY, CA 94065		4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City)	(City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					nired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		Transaction late Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year	Code (Instr. 8)		4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)			Beneficial	ant of Securities ially Owned Following d Transaction(s) and 4)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
				Code	V	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)		(Instr. 4)	
Common Stock	0	8/05/2022		G	V	144	D	\$ 0	6,987			D	
										ired to res	spond unle trol numbe		
	3. Transaction Date (Month/Day/Yea	3A. Deemed Execution Date	te, if Transaction Code (Instr. 8)	ies Acquire arrants, op	ed, Disp tions, c	rm disp posed of	f, or Bene ble secur sable n Date	eficial rities) 7. Ti Amo Und Secu	ntly valid	OMB cont		of 10. Owners Form of Derivat Security Direct (or Indir	Owners (Instr. 4

Other

Signatures

VAN CAMP PETER ONE LAGOON DRIVE

REDWOOD CITY, CA 94065

/s/ Samantha Lagocki, POA	08/08/2022
Signature of Reporting Person	Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

10%

Owner

Officer

Executive Chairman

Director

X

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.