

(Print or Type Responses)

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

| OMB APPROVAL             |           |  |  |  |
|--------------------------|-----------|--|--|--|
| OMB Number:              | 3235-0104 |  |  |  |
| Estimated average burden |           |  |  |  |
| nours per response       | e 0.5     |  |  |  |

#### INITIAL STATEMENT OF 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

|   |   | Pate of Event Requiring ement (Month/Day/Year)                           |   | 3. Issuer Name and Ticker or Trading Symbol EQUINIX INC [EQIX]         |                |   |  |                        |
|---|---|--|---|--|----------------|---|--|------------------------|
| (Last) (First) (Middle 301 VELOCITY WAY   | 01/02   | 4. Relationship of Issuer  (Check  Director  X Officer (give till below) |   |  |                |   | 5. If Amendment, Date Original Filed(Month/Day/Year) |                        |
| FOSTER CITY, CA 94404   |   |  |   | k all applicable)  10% Owner Other (specify below)  ht, Equinix Europe |                | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting Person |  |                        |
| (City) (State) (Zip)  |   |  | Table I -                                     | Non-Derivati   | ive Securities | Beneficial  | lly Ow   | vned                   |
| 1.Title of Security<br>(Instr. 4)   | ·   | Bene   | mount of Secu<br>eficially Owne<br>tr. 4)     | ed   |                | 4. Nature of (Instr. 5)   | Indirect   | t Beneficial Ownership |
| Reminder: Report on a separate line for each of Persons who re unless the form  Table II - Deri | spond to the<br>displays a c                          | collection of<br>urrently valid  | information<br>OMB contro                     | n contained in to<br>ol number.  |                | •   | ·  |                        |
| (Instr. 4) Expiration Date (Month/Day/Year) Securitie Derivativ                                 | 3. Title and A Securities Un Derivative So (Instr. 4) | Amount of nderlying  | 4. Conversion or Exercise Price of Derivative | 5. Ownership<br>Form of<br>Derivative<br>Security:                     | rship<br>re    | 6. Nature of Indirect Beneficial<br>Ownership<br>(Instr. 5)   |  |                        |
|   |   |  | Title   | Amount or<br>Number of Share   | Security       | Direct (D<br>Indirect (Instr. 5)  |  |                        |
| Restricted Stock Units  | (1)   | 02/28/2009   | Common<br>Stock                               | 23,218   | \$ 0           | D   |  |                        |

### **Reporting Owners**

| Donouting Owney Name /                                   | Relationships |              |                           |       |  |
|--|---------------|--------------|---------------------------|-------|--|
| Reporting Owner Name / Address                           | Director      | 10%<br>Owner | Officer                   | Other |  |
| Willner Guy<br>301 VELOCITY WAY<br>FOSTER CITY, CA 94404 |               |              | President, Equinix Europe |       |  |

## **Signatures**

| Darrin B Short, Attorney-in-Fact | 01/04/2008 |
|----------------------------------|------------|
| **Signature of Reporting Person  | Date       |

### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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) Grant of Restricted Stock Units which vest subject to continuous service and the attainment of certain revenue and EBITDA targets for 2008.

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.