FORM 4

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

OMB APPROVAL
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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* Miller Simon | | | | | | 2. Issuer Name and Ticker or Trading Symbol EQUINIX INC [EQIX] | | | | | | | 5. R | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Last) (First) (Middle) C/O EQUINIX, INC., ONE LAGOON DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/29/2020 | | | | | | | X | X Officer (give title below) Other (specify below) Chief Accounting Officer | | | | | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | _X_ | 6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | , CA 94065 | 5 | | | | | | | | | | | | | | | | |
| (City | ·) | (State) | | (Zip) | | | Tal | ble I - | Non | -De | rivative S | Securit | ies Ac | cquired | , Dispo | osed of, or l | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | | Date | nth/Day/Year) | Execu any | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. 8) | | ion | on 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | D) Be | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | | Ownership Form: | Beneficial |
| | | | | | (Mon | | | Cod | e | V | (A) (Instr. 3 and 4) Or Amount (D) Price | | and 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | | | |
| Common | Stock | | 05/29 | 9/2020 | | | | S | | | 950 | D | \$ 697. | .18 1, | 034 | | | D | |
| | | | | Table II - | | | | | t quire | the d, D | form dis | splays of, or B | a cu Benefi | rrently cially O | valid | | spond unle rol numbe | | |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Y | /Year) | Execution D | ate, if | 4. Transacti Code | on Non II | 5. | | 6. I and | Date Exerc Expiration | , convertible secur ate Exercisable Expiration Date nth/Day/Year) | | 7. Title and Amount Underly Securities (Instr. 3 | of ing es and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivat Security Direct (or Indir | Ownersh (Instr. 4) |
| | | | | | | | | | | Dat Exe | | Expirat Date | tion | or Γitle Ni of | umber | | | | |

Reporting Owners

| | Relationships | | | | | | | | | |
|---|---------------|--------------|--------------------------|-------|--|--|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | | |
| Miller Simon C/O EQUINIX, INC. ONE LAGOON DRIVE REDWOOD CITY, CA 94065 | | | Chief Accounting Officer | | | | | | | |

Signatures

| Samantha Lagocki, Attorney-in-Fact | 06/02/2020 |
|------------------------------------|------------|
| **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).

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.