FORM 4

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

OMB APPROVAL
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 Re	sponses)																
1. Name and Address of Reporting Person *- KOEN PHILIP J				2. Issuer Name and Ticker or Trading Symbol EQUINIX INC [EQIX]								1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner				
(Last) (First) (Middle) 301 VELOCITY WAY				3. Date of Earliest Transaction (Month/Day/Year) 08/01/2005							X	X Officer (give title below) Other (specify below) President & COO					
(Street) FOSTER CITY, CA 94404				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Fo	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)			Table I - Non-Derivative Securities Acqui								Acquired, I	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		if ((Instr. 8)		4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5)					l	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership		
							Code		V Amount (D) Price		ice				(I) (Instr. 4)	(IIIsu. 4)	
Common Stock		08/01/2005				S		10,060) D	\$ 44.1 (1)	161 8,21	8,211			D		
Common Stock		08/02/2005				S		5,143	D	\$ 42.4 (2)	286 3,06	3,068			D		
Common Stock		08/03/2005				M		20,000) A	\$ 3.2	25 23,0	23,068			D		
Common Stock		08/03/2005				S		20,000	D	\$ 43.5 (3)	199 3,06	3,068			D		
Common Stock											468	468			I	As custodian for children	
Reminder: Repor	rt on a separa	te line for each	class of securities bo	eneficially	y owne	d dire	ectly or ind	Per in t	sons wh	are n	ot req		spond ur		n containe orm displa		C 1474 (9-02)
			Table II									ially Owned	i				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y		4. See, if Transaction Code (Instr. 8)		5. In of last Second According to (In:	5. Number of Derivative		ons, convertible securitie Date Exercisable and xpiration Date Aonth/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	Derivative Securities Beneficiall Owned Following Reported Transaction	Owner Form Deriv Secur Direct or Inc n(s) (I)	of Benefic Owners ity: (Instr. 4	
				Code	de V	(A)	(D)	Date	e rcisable	Expirat Date	ion	Title	Amount or Number of Shares		(Instr. 4)	(Instr	4)
Employee Stock Option(Right to Buy)	\$ 3.25	08/03/200	5	N	1		20,000		<u>(4)</u>	03/06/	/2013	Commor Stock	20,000	\$ 0	24,722	: Г)

Reporting Owners

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
KOEN PHILIP J 301 VELOCITY WAY FOSTER CITY, CA 94404			President & COO						

Signatures

Melanie Mock, Attorney-in-Fact for Philip J. Koen	08/03/2005	
**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).
- (1) Block sales; 1875 shs @43.93, 2000 shs @43.95, 352 shs @43.97, 500 shs @43.99, 948 shs @44.00, 100 shs @44.04, 100 shs @44.05, 100 shs @44.19, 100 shs @44.32, 3985 shs
- (2) Block sales; 500 shs @43.30, 543 shs @43.32, 500 shs @43.34, 1000 shs @43.35, 100 shs @43.36, 500 shs @43.41, 500 shs @43.51, 500 shs @43.53, 1000 shs @43.60
- (3) Block sales; 17500 shs @43.50, 100 shs @43.55, 300 shs @43.62, 2100 shs @43.67
- (4) Option vests and becomes exercisable with respect to 1/36 of the option each month for a period of 36 months.

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.