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

1 Name ar														
1. Name and Address of Reporting Person * HROMADKO GARY			2. Issuer Name and Ticker or Trading Symbol EQUINIX INC [EQIX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director					
(Last) (First) (Middle) TWO EMBARCADERO CENTER, SUITE 2200			3. Date of Earliest Transaction (Month/Day/Year) 06/09/2011				,	Office	r (give title belo	ow)(ther (specify be	low)		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year) 06/09/2011					6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
SAN FRANCISCO, CA 94111 (City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					s Acqui	ured, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	Title of Security 2. Transaction Date (Month/Day/Year)		•	3. Transaction Code (Instr. 8)		(A) or	4. Securities Acquired (A) or Disposed of (Disposed of (D		D) Beneficially Owned Following Reported Transaction(s)		following (s)	Ownership Form:	Beneficial	
				(Month/Day/Year	Cod	e V	V Amour	(A) or (D)	Price	(Instr. 3 a	nd 4)		\ /	Ownership (Instr. 4)
Common	Stock		06/09/2011		A		2,043	A	\$ 0 (1)	154,461 ⁽²⁾		Ε	D	
				ities beneficiany of	wned dir	Pe		o respo			ction of inf	ormation spond unles		474 (9-02)
				Derivative Securit		Pe co the	ersons whentained in the form display	no respo n this fo splays a	rm are currer	not requ tly valid	uired to res		s	474 (9-02)
			Table II - l	Derivative Securit	ies Acqı	Pe co the ired,	ersons whontained in the form distribution Disposed ns, conver	no respo n this fo splays a of, or Ber tible secu	rm are currer neficiall	not requally valid	ired to res	spond unles trol number	s	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/\)	Table II - 1 (n 3A. Deemed Execution Da any	Derivative Securites, puts, calls, was ten if Transaction Code (Instr. 8)	ies Acquarrants,	Peco the co the co the co tired, option 6. an (N	ersons whontained in the form disposed	no respo n this fo splays a of, or Ber tible secu cisable on Date	neficiallarities) 7. Ti Amo	not requ tly valid	OMB conf	spond unles	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Natur of Indired Beneficia Ownersh (Instr. 4)

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
HROMADKO GARY TWO EMBARCADERO CENTER SUITE 2200 SAN FRANCISCO, CA 94111	X				

Signatures

Gary Hromadko	03/09/2012
**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).
- These securities are represented by Restricted Stock Units that vest on the earlier of (i) the one-year anniversary of the date of grant or (ii) if the reporting person does not (1) stand for re-election as a director of the Issuer, the date of the regular meeting of the Issuer's stockholders held in the calendar year subsequent to the date of grant; provided that, in either case, the reporting person remains in continuous service to the Issuer through such vesting date.
- Except for the securities acquired on 6/9/2011, these securities were previously reported on Forms 3 and 4 jointly by Mr. Hromadko, Crosslink Capital, Inc. and certain affiliates of Crosslink Capital, Inc.

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.