## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

1 37	pe Response	~/												
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) 05/27/2015					Office	r (give title belo	w)	Other (specify b	elow)		
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
		o, CA 94111										- Care reporting		
(City	<sup>7</sup> )	(State)	(Zip)	Ta	able I - No	n-Der	ivative S	ecurities	Acqui	red, Dispo	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Beneficially Owned Following Reported Transaction(s)		ollowing	Ownership Form:	Beneficial
				(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	nd 4)		\ /	Ownership (Instr. 4)
Common	Stock		05/27/2015		A		925	A	\$ 0 (1)	161,052			D	
Keminder:	Report on a s	separate line to	r each class of secur	ities beneficially ov	wned direc	Pers	ons who	respo	rm are	not requ		spond unle	ss	1474 (9-02)
keminder:	Report on a s	separate line to	Table II - 1	Derivative Securit	ies Acquir	Pers cont the f	sons who tained in form dis	o respo this fo plays a f, or Ber	rm are currer reficiall	not requ ntly valid	ired to res		ss	1474 (9-02)
			Table II - I	Derivative Securit	ies Acquir arrants, op	Pers cont the f	sons who tained in form dis isposed o , convert	o respo this fo plays a f, or Ber ible secu	rm are currer reficiall	not requantly valid	ired to res	spond unle	ss r.	, ,
1. Title of		3. Transaction	Table II - I  a 3A. Deemed Execution Da any	Derivative Securit e.g., puts, calls, wa 4. te, if Transaction Code Year) (Instr. 8)	ies Acquir arrants, op 5.	Persont the feed, Distions  6. Dand (Mo	sons who tained in form dis	o respo this for plays a f, or Ber ible secur isable n Date	rm are currer neficiall rrities) 7. Ti Amo Unde Secu	not requ ntly valid	OMB conf	spond unle	of 10. Ownersh Form of Derivati Security Direct (I or Indire	11. Nature of Indire Beneficis 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	06/01/2015
**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 Mr. Hromadko does not 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
- (1) either case, Mr. Hromadko remains in continuous service to the Issuer through such vesting date. Pursuant to a Deferral Election, vested shares will be delivered to the reporting person on the earlier of February 15, 2017, or 30 days after the reporting person's separation from Service or earlier in the event the Company is subject to a change in control event or in the event of the reporting person's death.

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.