## FORM 4

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

OMB APPROV	VAL
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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

(Print or Type															
Name and Address of Reporting Person * Bartlett Thomas A			2. Issuer Name and Ticker or Trading Symbol EQUINIX INC [EQIX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_Director 10% Owner					
(Last) (First) (Middle) ONE LAGOON DRIVE			· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	3. Date of Earliest Transaction (Month/Day/Year) 06/04/2015						_	Officer (gi	ve title below)	Ot	her (specify belo	ow)
(Street) REDWOOD CITY, CA 94065			4	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				
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu						es Acquire	uired, Disposed of, or Beneficially Owned				
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Yea		(Instr. 8)	(A	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D) O				Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				(	. <b></b>	Code	V A	mount	(A) or (D)		or Indire		or Indirect		
Common S	Stock		06/04/2015			M	1,	293	A	\$ 0 2,	,802			D	
Reminder: Re	eport on a sep	parate line for each	class of securities	beneficially	owned	directly or	Persons	who red in the	nis for	rm are no		to respon	d unless th		1474 (9-02)
Reminder: Re	eport on a sep	parate line for each	Table II - l	Derivative (e.g., puts, c	Securit	ies Acquir	Persons contain form dis	s who red in the splays	nis for a curr or Ben	rm are no rently vali	t required id OMB co	to respon	d unless th		1474 (9-02)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date	Table II - 1 ( 3A. Deemed Execution Date,	Derivative (e.g., puts, c) 4. if Transact	Securiticalls, was some some securities of the security of the	ies Acquir arrants, op Number	Persons contain form dis	s who red in the splays sed of, one tipe tipe tercisable atton Date to the second seco	nis for a curr or Ben le secur le	rm are no rently vali eficially O rities)	ot required id OMB co Owned ad Amount ying	to respondentrol num	d unless th	of 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Nature of Indire Benefici ve (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - ) ( 3A. Deemed Execution Date, ) any	Derivative (e.g., puts, c) 4. if Transact	Securiticalls, was some some securities of the security of the	rivative curities quired ) or sposed (D) str. 3, 4, 15)	Persons contain form dis ed, Dispo otions, con 6. Date Ex and Expira	s who red in the splays sed of, overtible cercisabation Daay/Year	or Bende securite sec	rm are no rently validation of Underly Securities	ot required id OMB co Owned ad Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Ownersl Form of Derivati Security Direct (I or Indirects) (I)	11. Nature of Indire Benefici ve (Instr. 4)

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Bartlett Thomas A ONE LAGOON DRIVE REDWOOD CITY, CA 94065	X				

#### **Signatures**

Darrin B. Short, Attorney-in-Fact	06/05/2015
**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).

- (1) Award vested on June 4, 2015
- (2) Restricted Stock Unit award expires upon reporting person's termination of services

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.