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

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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 Responses) 1. Name and Address of Reporting Person * VAN CAMP PETER			2. Issuer Name and Ticker or Trading Symbol EQUINIX INC [EQIX]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) ONE LAGOON DRIVE, 4TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 12/10/2015					_X_ Direc	tor r (give title belo		0% Owner Other (specify be	low)
(Street) REDWOOD CITY, CA 94065			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)	Ta	ble I - Noi	1-Derivative	Securities	Acqui	ired, Disp	osed of, or l	Beneficially (Owned	
Title of Security 2. Transaction Date (Month/Day/Year			(Instr. 8)	(A) o	4. Securities Acquired		D) Beneficially Owned Following Reported Transaction(s)		Following (s)	6. Ownership Form:	Beneficial	
			(Month/Day/Year)	Code	V Amou	(A) or (D)	Price	or (I)		or Indirect	Ownership (Instr. 4)	
Common Stock		12/10/2015		G	V 1,17	6 D	\$ 0	7,404			D	
Reminder: Report on	a separate line fo	or each class of secur	rities beneficially ov		Persons w contained	ho respo in this fo	rm are	not requ	uired to res	spond unles	ss	474 (9-02)
Reminder: Report on	a separate line fo	Table II - 1	Derivative Securiti	es Acquire	Persons w contained the form d	ho respo in this fo isplays a	rm are curren	not requesting noting valid	uired to res		ss	474 (9-02)
Reminder: Report on 1. Title of Derivative Security (Instr. 3) Price of Derivativ Security	3. Transaction Date (Month/Day/	Table II - 1 1 3A. Deemed Execution Da any	Derivative Securiti e.g., puts, calls, wa 4. te, if Transaction Code Year) (Instr. 8)	es Acquire	Persons w contained the form d ed, Disposed tions, conve 6. Date Exe and Expirat (Month/Day	tho respo in this fo isplays a of, or Ber rtible securcisable ion Date	rm are current rities) 7. Ti Amo Undo Secu	not requesting noting valid	OMB conf	spond unles	f 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Nat of Indir Benefic Owners (Instr. 4

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
VAN CAMP PETER ONE LAGOON DRIVE 4TH FLOOR REDWOOD CITY, CA 94065	X					

Signatures

Darrin B. Short, Attorney-in-Fact	12/10/2015
**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).

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.