FORM 4

(Print or Type Responses)

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 and Address of Reporting Person* BACKAUS MARJORIE			2. Issuer Name and Ticker or Trading Symbol EQUINIX INC [EQIX]							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) 07/03/2006							X Officer (give title below) Other (specify below) Chief Business Officer				
FOSTER CITY, CA 94404 (City) (State) (Zip)				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				
					Table I - N	Non-Deriv	ntive Secu	ritie	es Acquired	ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	any	a. Deemed accution Date, if y Code (Instr. 8)		(A) (In	4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		uired 5. A Ber Rep	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		owing (Ownership form:	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common S	Stock		07/03/2006			M		375 A	-		,550		·)	
Common S	Stock		07/05/2006			S ⁽¹⁾	3,203	203 D		\$ 39	39,347		Г	D	
										m are not ently valid			nd unless the ber.	•	
Reminder: Re	eport on a sep	parate line for each	class of securities	beneficially	owned	directly o	Persons	who res		nd to the c					1474 (9-02)
Derivative	2. Conversion or Exercise		3A. Deemed Execution Date,		on of	Number	form dis red, Dispo ptions, con 6. Date Ex and Expira	sed of, or exertible section Date	Benesecui	eficially Owrities) 7. Title and of Underlying	vned Amount	8. Price of Derivative	9. Number of Derivative	10. Owners	11. Natur
Derivative Security			3A. Deemed Execution Date,	4. if Transaction Code	5. on of De Se Ac (A Di of (Ir	arrants, o Number	form dis red, Dispo ptions, con 6. Date Ex	sed of, or exertible section Date	Benesecui	ently valid eficially Ow rities) 7. Title and	vned Amount	8. Price of	9. Number of	10. Owners Form of Derivati Security Direct (or Indire	hip of Indire Beneficia Ownersh (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, any	(e.g., puts, ca 4. Transactic Code ar) (Instr. 8)	5. on of De Se Ac (A Di of (Ir	Arrants, o Number Privative equirities Equired (a) or Esposed (b) (b) istr. 3, 4, d 5)	form dis red, Dispo ptions, con 6. Date Ex and Expira	sed of, or evertible sercisable tition Date any/Year)	Benecui	eficially Owrities) 7. Title and of Underlyit Securities	vned Amount	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Owners Form of Derivati Security Direct (or Indirect)	hip of Indire Beneficia Ownersh (Instr. 4)

Other

Signatures

Reporting Owner Name /

Address

BACKAUS MARJORIE

301 VELOCITY WAY FOSTER CITY, CA 94404

Monica Volta, Attorney-in-Fact	07/05/2006
Signature of Reporting Person	Date

Relationships

Chief Business Officer

Officer

10%

Owner

Director

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) Shares sold pursuant to a 10b5-1 Trading Plan.
- (2) Vests incrementally upon attainment of certain time-based and stock price appreciation targets.
- (3) Restricted stock award expires upon reporting person's termination of employment.

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.