FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 Ty	pe Response	s)																
1. Name and Address of Reporting Person* Campbell Michael Earl					2. Issuer Name and Ticker or Trading Symbol EQUINIX INC [EQIX]								5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) EQUINIX, INC., ONE LAGOON DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 10/16/2017							X Officer (give title below) Other (specify below) Chief Sales Officer						
(Street)				4. If	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						
REDWO	OD CITY	, CA 94065	5															
(City)	(State)	(Zip)			T	able I	- Non	ı-De	erivative	Securit	ies Ac	cquir	ed, Disp	osed of, or I	Beneficially	Owned	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Execu any			(Instr. 8)		tion	on 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Ownership of Form:	Beneficial			
				(Mon	(Month/Day/Year)		Со	de	V	Amount	(A) or (D)	Pri	ice	(Instr. 3 a	and 4)		\ /	Ownership (Instr. 4)
Common	Stock		10/16/2017				S	1)		200	D	\$ 463	5.61	1,325			D	
			Table II					equire	con the	ntained i form dis	n this is splays of, or B	form a cu Benefi	are irrent	not requ tly valid	OMB conf	spond unle trol numbe	ss	1474 (9-02)
Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day	Execution I any	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code	tion			6. I and	6. Date Exercisable and Expiration Date (Month/Day/Year) US S		7. Titl Amou Under Secur	ount of Derivative Security		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownersh Form of Derivati Security Direct (I or Indire	Beneficia Ownershi (Instr. 4)	
									Dat	te ercisable	Expirat	tion		Amount or Number				

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Campbell Michael Earl EQUINIX, INC. ONE LAGOON DRIVE REDWOOD CITY, CA 94065			Chief Sales Officer					

Signatures

Samantha Lagocki, POA	10/17/2017
**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) Shares were sold pursuant to a 10b5-1 Trading Plan.

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.