Edgar Filing: EQUINIX INC - Form 4

EQUINIX INC Form 4												
May 28, 2015												
FORM 4										APPROVA	۱L	
	UNITED	STATES		RITIES				E COMMISSIO	N OMB Number:	3235-	0287	
Check this bo if no longer subject to		MENT OI	F CHAN	NGES IN	N B	ENEF	ICIAL O	WNERSHIP OI	Expires:		ry 31, 2005	
Section 16. Form 4 or				SECU	J RI '	TIES			Estimated burden ho response.	urs per	0.5	
Form 5 obligations may continue. See Instructio 1(b).	Section 17	(a) of the l	Public U	tility Ho	oldi	ng Cor		nge Act of 1934, t of 1935 or Secti 1940				
(Print or Type Respo	onses)											
1. Name and Address of Reporting Person <u>*</u> LYONS IRVING F III			2. Issuer Name and Ticker or Trading Symbol				Trading	5. Relationship of Reporting Person(s) to Issuer				
			EQUIN	NIX INC	[E	QIX]		(Ch	eck all applicab	le)		
(Last)	(First) (Middle)		of Earliest		nsaction		(
ONE LAGOON	DRIVE		(Month/) 05/27/2	Day/Year) 2015)			X_ Director Officer (giv below)		% Owner her (specify		
REDWOOD CI	(Street)	65		endment, I onth/Day/Ye		e Origina	ıl	6. Individual or Applicable Line) _X_ Form filed by Form filed by	-	Person		
KED WOOD CI	11, CA)+0	05						Person				
(City)	(State)	(Zip)	Tab	le I - Non	-De	rivative	Securities A	Acquired, Disposed	of, or Beneficia	ally Owned	đ	
	ransaction Date nth/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transacti Code (Instr. 8) Code V	ionA D (1	Disposed Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficia Ownershi (Instr. 4)	al ip	
Pamindar Danarta	n a canarata lin	a for each al	nes of see	urities her	ofic	ially or	ned directly	or indirectly				
Reminder: Report o	n a separate find	e for each cl	ass of sec	unues ben	ieric	Perso inform requir	ons who re nation con red to resp ays a curre	or indirectly. spond to the collect tained in this form ond unless the fo ently valid OMB co	n are not rm	SEC 1474 (9-02)		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof	Expiration Date	Underlying Securities	Derivat
Security	or Exercise		any	Code	Derivative	(Month/Day/Year)	(Instr. 3 and 4)	Securit
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Securities			(Instr.

	Derivative Security					Acqui (A) or Dispo of (D) (Instr. and 5)	sed 3, 4,					
			C	ode '	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	\$ 0	05/27/2015		A		925		<u>(1)</u>	(2)	Common Stock	925	\$ (

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
LYONS IRVING F III ONE LAGOON DRIVE REDWOOD CITY, CA 94065	Х							
Signatures								
Darrin B. Short, Attorney-in-Fact	05	5/28/2015						
**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).

The Restricted Stock Units shall vest on the earlier of (i) the one-year anniversary of the grant date or (ii) if the reporting person does not stand for re-election as a director of the Company, the date of the regular meeting of the Company's stockholders held in the calendar year

- (1) subsequent to the grant date; provided that, in either case, the reporting person remains in continuous Service through such vesting date. Pursuant to a Deferral Election, vested shares will be delivered to the reporting person thirty 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.
- (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.