Edgar Filing: EQUINIX INC - Form 4

EQUINIX INC Form 4											
October 08, 2015	5										
FORM 4	l								OMB APPROVAL		
	UNITED	STATES		RITIES A			E COMMISSIO	N OMB Number:	3235-	0287	
Check this bo if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	STATEM Filed pur Section 17(ection 1 Public U	SECUI	Estimated burden ho response	Estimated average burden hours per response					
(Print or Type Respo	onses)										
1. Name and Address of Reporting Person <u>*</u> KRIENS SCOTT			Symbol	er Name an NIX INC		r or Trading	5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle)	3. Date c	of Earliest T	Transacti	on	(Check all applicable)				
ONE LAGOON DRIVE			(Month/Day/Year) 10/06/2015			X_ Director 10% Owner Officer (give title Other (specify below) below)					
(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 					
KLD WOOD CI	11, CA)+0	0.5					Person				
(City)	(State)	(Zip)	Tab	le I - Non-	Derivat	ive Securities	Acquired, Disposed	of, or Benefici	ally Owned	dl	
	ansaction Date nth/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	3. Transactic Code (Instr. 8) Code V	Dispos (Instr.	red (A) or sed of (D) 3, 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	7. Nature Indirect Beneficia Ownersh (Instr. 4)	al ip	
Reminder: Report of	n a separate line	e for each cla	ass of sec	urities bene	ficially	owned directl	v or indirectly				
					Per info req dis	rsons who r ormation co juired to res	espond to the collo intained in this form spond unless the for rently valid OMB co	n are not orm	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.	6. Date Exercisable and	7. Title and Amount of	8. Price
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	of	(Month/Day/Year)	(Instr. 3 and 4)	Securit
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		(Instr.

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	Derivative Security				Secu Acqu (A) o Disp of (D (Inst: 4, an	nired or osed)) r. 3,					
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options	\$ 80.84	10/06/2015	A <u>(1)</u>		98 (1)		(2)	06/07/2017	Common Stock	98 <u>(1)</u>	\$ (
Stock Options	\$ 80.84	10/06/2015	A <u>(1)</u>		98 (1)		(2)	06/07/2017	Common Stock	98 <u>(1)</u>	\$ (
Stock Options	\$ 88.56	10/06/2015	A <u>(1)</u>		98 (1)		(2)	06/12/2018	Common Stock	98 <u>(1)</u>	\$ (
Stock Options	\$ 88.56	10/06/2015	A <u>(1)</u>		98 (1)		(2)	06/12/2018	Common Stock	98 <u>(1)</u>	\$ (

Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
KRIENS SCOTT ONE LAGOON DRIVE REDWOOD CITY, CA 94065	Х							
Signatures								
Billie Olson, Attorney-in-Fact	10/08	8/2015						

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) This report reflects adjustments effective on October 6, 2015 approved by the Board of Directors of the issuer (the "Board") made in connection with a special distribution declared by the Board on September 28, 2015.
- (2) This stock option is fully vested.

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.