Edgar Filing: EQUINIX INC - Form 4

FOLINIX INC

| Form 4 March 27, 20 | | | | | | | | | | | |
|--|---|--|---|--|------------|---|-------------------------|--|---|---|--|
| | | | | | | | | OMB APPROVAL | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB Number: | 3235-0287 | | |
| Check thi if no long subject to Section 1 Form 4 or | ger STATEM 6. | IENT OF | T OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | Expires: January 3 200 Estimated average burden hours per response 0. | | |
| Form 5 obligation may cont <i>See</i> Instru 1(b). | ns Section 17(a | a) of the H | Public Ut | | ling Con | ipany | y Act of | e Act of 1934, E 1935 or Section O | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| Smith Stephen M Symbol | | | Symbol | er Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | - | JINIX INC [EQIX] | | | | (Check all applicable) | | | |
| | | | | f Earliest Transaction Day/Year) 2014 | | | | _X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) CEO & President | | | |
| (Street) 4. If Ame | | | endment, Date Original | | | 6. Individual or Joint/Group Filing(Check | | | | | |
| | | | | onth/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | | | | | | | | | |
| | | - | | | | | - | uired, Disposed of | | • | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deen Executior any (Month/D | n Date, if | 3. Transactio Code (Instr. 8) Code V | (Instr. 3, | spose | d of (D) 5) Price | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 03/25/2014 | | | S <u>(1)</u> | 5,000 | D | \$ 181.9 (2) | 29,440 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: EQUINIX INC - Form 4

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|-----------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Smith Stephen M ONE LAGOON DRIVE REDWOOD CITY, CA 94065 | Х | | CEO & President | | | | | |
| Signatures | | | | | | | | |
| Darrin B. Short, Attorney-in-Fact | 03 | 3/27/2014 | | | | | | |
| **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.
- (2) 5,000 shares sold at an average price of \$181.9000.

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.