EQUINIX INC Form 4 January 16, 2015

# FORM 4

Form 4 or

obligations

may continue.

See Instruction

Form 5

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

Check this box if no longer subject to Section 16.

SECURITIES

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(City)

(State)

(Zip)

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading TAYLOR KEITH D Issuer Symbol **EQUINIX INC [EQIX]** (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner X\_ Officer (give title Other (specify ONE LAGOON DRIVE 01/15/2015 below) Chief Financial Officer (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting REDWOOD CITY, CA 94065 Person

			Table	ble 1 - Non-Derivative Securities Acquired, Disposed of, or Deficiency Owned						
	1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securities		5. Amount of	6. Ownership	7. Nature of	
	Security	(Month/Day/Year)	Execution Date, if	Transactio	1			Securities	Form: Direct	Indirect
	(Instr. 3)		any	Code				Beneficially	(D) or	Beneficial
			(Month/Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership
								Following	(Instr. 4)	(Instr. 4)
						(4)		Reported		
						(A)		Transaction(s)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
	Common	01/15/2015		M	1 205	Λ	¢ 0	51 000	D	
	Stock	01/15/2015		M	1,305	A	\$ 0	51,998	D	

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

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SEC 1474

(9-02)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

**OMB APPROVAL** 

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

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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. NumborDerivati Securitic Acquired Disposed (Instr. 3,	ve es d (A) or d of (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units	\$ 0	01/15/2015		A	1,305		<u>(1)</u>	(2)	Common Stock	1,305
Restricted Stock Units	\$ 0	01/15/2015		M		1,305	<u>(1)</u>	(2)	Common Stock	1,305

# **Reporting Owners**

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

TAYLOR KEITH D ONE LAGOON DRIVE REDWOOD CITY, CA 94065

Chief Financial Officer

## **Signatures**

Darrin B. Short, Attorney-in-Fact

\*\*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).
- On February 14, 2013, the reporting person was granted performance restricted stock units, the vesting of which was subject to both continued service and the degree to which a relative Total Shareholder Return target was attained for the period January 1, 2013 to December 31, 2014. The Compensation Committee certified that the payout for this award would be 52.08% (out of a possible 200%) of the target units granted to the reporting person based on the degree to which Equinix performed against the Russell 1000 Index.
- (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.

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