**EQUINIX INC** Form 5

February 11, 2005

### FORM 5

#### **OMB APPROVAL**

**OMB** 

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

3235-0362 Number: January 31, Expires:

2005

no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box if

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 1.0

may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported

Form 4

30(h) of the Investment Company Act of 1940

Transactions Reported

1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer RANEY DENNIS R Symbol **EQUINIX INC [EQIX]** (Check all applicable) (First) 3. Statement for Issuer's Fiscal Year Ended (Last) (Middle) (Month/Day/Year) \_X\_ Director 10% Owner Officer (give title Other (specify 12/31/2004 below) below) 301 VELOCITY WAY, 5TH **FLOOR** (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line)

FOSTER CITY, Â CAÂ 94404

\_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting

(City) (State) (Zip)

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 Transaction Acquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial (Month/Day/Year) (Instr. 3, 4 and 5) Owned at end Indirect (I) Ownership (Instr. 8) of Issuer's (Instr. 4) (Instr. 4) (A)

Fiscal Year or (Instr. 3 and 4) Amount (D) Price

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

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.

**SEC 2270** (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 of | 6. Date Exercisable and | 7. Title and Amou |
|-------------|-------------|---------------------|--------------------|-------------|--------------|-------------------------|-------------------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transaction | Derivative   | Expiration Date         | Underlying Securi |
| Security    | or Exercise |                     | any                | Code        | Securities   | (Month/Day/Year)        | (Instr. 3 and 4)  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8)  | Acquired (A) |                         |                   |

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Derivative or Disposed Security of (D) (Instr. 3, 4, and 5) Date Exercisable Expiration Title (A) (D) Am Date or Nun of Shar Stock Option Common Â 2,500 06/03/2005<u>(6)</u> 06/03/2014 \$ 30.74 06/03/2004

Stock

# **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |         |       |
|--|---------------|-----------|---------|-------|
|  | Director      | 10% Owner | Officer | Other |
| RANEY DENNIS R<br>301 VELOCITY WAY, 5TH FLOOR<br>FOSTER CITY, CA 94404 | ÂX            | Â         | Â       | Â     |

## **Signatures**

(Right to Purchase)

Dennis Raney 02/11/2005

\*\*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).
- (6) Auto Grant Option, vesting 100% one year from the grant date

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

Reporting Owners 2