FORM 4	-
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Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)											1
1. Name and Address of R MAST KENT E	2. Issuer Name <b>and</b> Ticker or Trading Symbol EQUIFAX INC [EFX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director10% Owner				
(Last) C/O EQUIFAX INC. STREET, NW	3. Date of Earliest Transaction (Month/Day/Year) 02/03/2004						X_Officer (give title below)Other (specify below) CVP and Gen Counsel				
ATLANTA, GA 303	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group FilingCheck Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if any	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Owned Following Reported Transaction(s)	Ownership of Indi Form: Benefi	Beneficial
			(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock (1)		01/29/2004		А		8,000	А	\$ 25.68	48,719	D	
Common Stock									227	Ι	401(k) Plan

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 SEC 1474 (9-02) 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)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numb	er	6. Date Exer	cisable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transac	tion	of Deriva	ative	Expiration I	Date	of Underlyin	ıg	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Securities		(Month/Day/Year)		Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	)	Acquired (A)				(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					or Disposed					Owned	2	(Instr. 4)		
	Security					of (D)					0	Direct (D)			
						(Instr. 3, 4,					1	or Indirect			
					-	and 5)	nd 5)					Transaction(s)	< / <		
											Amount		(Instr. 4)	(Instr. 4)	
								Date	Expiration		or				
								Exercisable		Title	Number				
									Dute		of				
				Code	V	(A)	(D)				Shares				
Stock Option (Right to Buy)	\$ 25.68	01/29/2004		А		25,000		<u>(2)</u>	01/29/2014	Common Stock	25,000	\$ 25.68	25,000	D	

### **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
MAST KENT E C/O EQUIFAX INC. 1550 PEACHTREE STREET, NW ATLANTA, GA 30309			CVP and Gen Counsel					

## Signatures

/s/ Kent E. Mast	02/03/2004	
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) Award of Restricted Stock Units. The Stock vests 100% on 1/29/2007.
- (2) The option vests in four equal, annual increments beginning on 1/29/2004.

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.