FORM 4

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

OMB APPR	OVAL
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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).

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

(Fillit Of Ty	pe Responses	*)													
1. Name and Address of Reporting Person COPELAND JAMES E JR (Last) (First) (Middle) C/O EQUIFAX INC., 1550 PEACHTREE STREET, N.W.			2. Issuer Name and Ticker or Trading Symbol EQUIFAX INC [EFX] 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2004						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner						
								0	fficer (give t	itle below)	Other	(specify below)			
ATI ANI	ΓA, GA 30	(Street)		4. If Ar	nendment,	Date	Original Filed(M	Ionth/Day/Yea	ear)	_X_ For	m filed by O	ne Reporting Pe	Filing(Check Aperson eporting Person	plicable Line)	
(Cit		(State)	(Zip)			7	Γable I - Non-De	rivative S	ecurities .	Acquired, D	isposed o	f, or Benefi	cially Owned		
(Instr. 3) Date		2. Transaction Date (Month/Day/Yea	Exect r) any	2A. Deemed Execution Date, if any (Month/Day/Year)		Code	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		D) Owned Followin Transaction(s)			, (Ownership of Eorm:	eneficial	
			(Mon			Code V	Amount	(A) or (D) P	(Instr. 3 and 4			or (I)	r Indirect (Ownership Instr. 4)	
Reminder:												informatio			. ()
Reminder:			Table I				in this	form are ently valid	e not requid OMB coor Benefic	uired to res ontrol num	spond ur nber.		orm display		
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	(e.g.,) 4. Transac Code	tion of	ber vative rities ired r osed	s Acquired, Disprants, options, c 6. Date Exercis Date (Month/Day/Yo	form are ently valid cosed of, o onvertible able and E	e not required on the control of the	uired to res control num ially Owned	Amount	less the f	9. Number of	Ownershi Form of Derivative Security: Direct (D or Indirec	p of Indirec Beneficial Ownershi (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	(e.g.,) 4. Transac Code	puts, calls 5. tion Num of Deriv Secu Acqu (A) c Disp of (D (Instr	ber vative rities ired r osed	s Acquired, Disprants, options, c 6. Date Exercis Date (Month/Day/Yo	form are ently validated on the consection of the convertible able and E dear)	e not requid OMB c	ially Owned s) 7. Title and of Underlyi Securities	Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	To 10. Ownershi Form of Derivative Security: Direct (D) or Indirect (I)	p of Indirec Beneficial Ownershi (Instr. 4)

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
COPELAND JAMES E JR C/O EQUIFAX INC. 1550 PEACHTREE STREET, N.W. ATLANTA, GA 30309	X				

Signatures

/s/Kathryn J. Harris as Attorney-in-Fact for James E. Copeland Jr.	07/02/2004
**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).
- ($\bf 1$) The phantom stock converts into common stock on a one-for-one basis.

The units are to be settled 100% in cash beginning on a date elected by the participant that is at least one year after the end of the Plan Year for which the initial deferral is made, or upon the (2) reporting person's ceasing to serve as a director.

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.