FORM 4

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

OMB APPRO	OVAL
OMB Number:	3235-0287
Estimated average	burden
ours per response.	0.5

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

(Print or Typ	pe Responses	3)												
1. Name and Address of Reporting Person* DRIVER WALTER W JR			2. Issuer Name and Ticker or Trading Symbol EQUIFAX INC [EFX]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
, ,	(Last) (First) (Middle) 550 PEACHTREE STREET, N.W.			3. Date of Earliest Transaction (Month/Day/Year) 09/30/2014					-	Officer (g	give title below)	Oth	er (specify below	w)
(Street) ATLANTA, GA 30309			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check 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 Acq				ies Acquir	uired, Disposed of, or Beneficially Owned					
1.Title of So (Instr. 3)	ecurity		Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da	Date, if	3. Tra Code (Instr.	8) (A	Securities A) or Dispose astr. 3, 4 and (A) a mount (D)	d of (D) B R (I		Owned Foll	F C O	Ownership of orm: Direct (D) r Indirect (1)	Beneficial Ownership
Reminder: I	*							-			n of inforr			474 (9-02)
Reminder: I							contain form dis uired, Dispo	ed in this f splays a cu sed of, or B	orm are no irrently va	ot require ilid OMB o	d to respo	nd unless th		474 (9-02)
1. Title of Derivative Security	2. Conversion	3. Transaction Date (Month/Day/Yea	3A. Deemed Execution Date,	4. Transact	tion Nu of De Sec Ac (A' Dis of (In	mber rivative curities quired or posed	contain form dis uired, Dispo , options, con 6. Date Exe and Expirat (Month/Da	ed in this f splays a cu sed of, or B nvertible sec ercisable tion Date	orm are no irrently va	ot require alid OMB of Owned d Amount ying	d to respondent of the second	nd unless th	10. Ownershi Form of Derivative Security: Direct (D) or Indirec	11. Natur p of Indirec Beneficia e Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, i	4. Transact	tion Nu of De Sec Ac (A' Dis of (In	mber rivative rurities quired or posed D) str. 3, and 5)	contain form disuired, Dispo, options, coi 6. Date Exe and Expirat (Month/Day	sed of, or B nvertible sec recisable ion Date y/Year)	eneficially (curities) 7. Title and of Underly Securities	ot require alid OMB of Owned d Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownershi Form of Derivative Security: Direct (D' or Indirec	11. Natur p of Indirec Beneficia e Ownershi (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
DRIVER WALTER W JR 1550 PEACHTREE STREET, N.W. ATLANTA, GA 30309	X					

Signatures

Kathryn J. Harris as Attorney-in-Fact	10/01/2014
**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).

Each share of phantom stock is the economic equivalent of one share of common stock. The shares of phantom stock become payable, at the election of the reporting person, upon (1) the reporting person's termination of service 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.