FORM 4

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

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burden					
nours per response	e 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 Ty	pe Responses	- /												
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) 1550 PEACHTREE STREET, N.W.			3. Date of Earliest Transaction (Month/Day/Year) 09/29/2017					-	Officer (g	give title below)	Othe	er (specify below	v)
(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 PersonForm filed by More than One Reporting Person					
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acquir				ies Acquir	ired, Disposed of, or Beneficially Owned					
1.Title of S (Instr. 3)	ecurity		Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	3. Tran Code (Instr.	8) (A (In	Securities A) or Dispose str. 3, 4 and (A) (in the content of t	d of (D) B 5) R (I	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 6. Owner Form Director Inc. (I)		Ownership o orm: Birect (D) Cr Indirect (I	Beneficial Ownership	
Reminder: 1											n of inform			474 (9-02)
Reminder: I							containe form dis uired, Dispo	ed in this for splays a cu	rrently va	ot require ilid OMB o	d to respo	nd unless th		.,.(> 02)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Yea	3A. Deemed Execution Date, i	4. Transact	5. Num of Der Sec Acc (A) Dis of (Ins	mber ivative urities urited or posed	containe form dis	ed in this f splays a cu sed of, or Bo evertible sec rcisable ion Date	rrently va	ot require ilid OMB o Owned d Amount ying	d to respo control nur 8. Price of	nd unless th	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, i	4. Transact	5. Num of Der Sec Acc (A) Dis of (Ins	mber ivative urities quired or posed D) tr. 3, nd 5)	contained form dissuired, Dispooptions, con 6. Date Exe and Expirat	ed in this figures a cursed of, or Bovertible secretisable ion Date (//Year)	eneficially (curities) 7. Title and of Underly Securities	ot require ilid OMB o Owned d Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia 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

/s/Lisa Stockard as Attorney-in-Fact	10/03/2017
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).

Represents phantom stock units previously elected by the reporting person to be received as deferred compensation in lieu of annual cash retainer fees under the Company's Director (1) Deferred Compensation Plan. 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 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.