FORM 4	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

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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

(Third if type responses)										
1. Name and Address of Reporting Person Stock Elane B	2. Issuer Name an EQUIFAX INC		Trad	ing Symb	ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner				
(Last) (First) 1550 PEACHTREE STREET, N.	(Middle) W.	3. Date of Earliest Transaction (Month/Day/Year) 09/29/2017						Officer (give title below)O	Other (specify be	low)
(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 Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, if any 3. Transacti Code (Instr. 8)		(A) or Disposed of (D)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. 7. Nature Ownership Form: Beneficial	of Indirect
		(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)

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 1474 (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	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	on Number a		and Expiration Date		of Underlying		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Securities	-	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Derivative				(Instr. 3 and 4)		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur								Security:	(Instr. 4)
	Security					Acqu							0	Direct (D)	
						(A) or								or Indirect	
						Dispo							Transaction(s)	· /	
						of (D) (Instr							(Instr. 4)	(Instr. 4)	
						4, and									
						-, and	[]]								
											Amount				
								Date	Expiration	T : 1	or				
								Exercisable		Title	Number				
				Code	v	(A)					of Shares				
	-			Coue	v	(A)	(D)	-			Shares				
Phantom										Common		\$			
Stock	(1)	09/29/2017		А		230		<u>(1)</u>	<u>(1)</u>	Common	230	+	407	D	
Units										Stock		105.99			

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Stock Elane B 1550 PEACHTREE STREET, N.W. ATLANTA, GA 30309	Х						

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.