FORM 4

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

OMB APPROVAL				
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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

(Print or Type Re	sponses)														
1. Name and Address of Reporting Person *- Hartman John T.			2. Issuer Name and Ticker or Trading Symbol EQUIFAX INC [EFX]					5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 1550 PEACHTREE STREET, N.W.				3. Date of Earliest Transaction (Month/Day/Year) 03/05/2018							X_Officer (give title below) Other (specify below) Pres-Intl				
(Street) ATLANTA, GA 30309 (City) (State) (Zip)			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)	
			(Zip)	Table I - Non-Derivative Securities Acqui						Acquir	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea		2A. Deemed Execution Date, if any		(Instr. 8)	(A) or Disposed of (Instr. 3, 4 and 5)		Owned Follow Transaction(s)				6. Ownership Form:	Beneficial			
			(Month/Day/Year)		Code	V	(A) or Amount (D) Price)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)			
Common Stoo	ck (1)		03/05/2018			A		,751	A	\$ 0 1	17,461 ⁽²⁾			D	
Reminder: Repor	rt on a separa	ite line for each c	ass of securities of		viica aii	,	Person in this	orm ar	e not re	quired t		of information			1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II	- Derivative (e.g., puts, o 4. Transac Code	Securit calls, was 5. ction of De Securit (ADD) of (Ir	ies Acquir arrants, o Number	Person in this a curre	form ar ntly values osed of, nvertible exercisation n Date	re not red lid OMB or Benefi le securit	quired to control dicially O ies) 7. Title of Und Security	to respond I number. Owned e and Amour derlying	unless the		f 10. Owners: Form of Derivati Security Direct (or Indire	11. Natur of Indire Beneficition Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date ar)	- Derivative (e.g., puts, o 4. Transac Code	Securit calls, was 5. ction of Octoor (Ir an	ies Acquirents, or Number erivative curities equired (D) str. 3, 4, d 5)	Person in this a curre red, Dispositions, co	osed of, nvertibl xercisab n Date Day/Year	re not reclid OMB or Benefice securit ole and r)	quired to control dicially O ies) 7. Title of Und Security	to respond I number. Owned e and Amour derlying ties	t 8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Owners: Form of Derivati Security Direct (i or Indire s) (I)	11. Natur of Indire Beneficition Ownersh (Instr. 4)

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Hartman John T. 1550 PEACHTREE STREET, N.W. ATLANTA, GA 30309			Pres-Intl			

Signatures

/s/Lisa Stockard as Attorney-in-Fact	03/07/2018
**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) Annual equity grant pursuant to the Company's long-term incentive plan. The award of restricted stock units vests 100% on 3/5/2021.
- (2) Includes accrued dividend equivalent units for dividends reinvested in corresponding restricted stock units through the Company's last dividend payment date.

(3) Annual equity grant pursuant to the Company's long-term incentive plan. The option vests in three equal annual increments beginning 3/5/2019.

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.