FORM 4

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

OMB APP	ROVAL
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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 Type Responses) 1. Name and Address of Reporting Person* Griggs James M			F	2. Issuer Name and Ticker or Trading Symbol EQUIFAX INC [EFX]						5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below) SVP & Corp Controller					
(Last) (First) (Middle) 1550 PEACHTREE STREET, N.W.				3. Date of Earliest Transaction (Month/Day/Year) 10/26/2018												
(Street) ATLANTA, GA 30309			4	4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu						s Acquii	lired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)			(Instr. 8)		(A) or Disposed of (D) Owned Following Transaction(s)		Securities Beneficially ing Reported		Form:	7. Nature of Indirect Beneficial	
				(Month/Day/Year)		V Am	(A) or (D)	Price				Ownership (Instr. 4)				
Common Sto	ck (1)		10/26/2018			A	A	92	6 A	\$ 0	2,387 ⁽²	<u>2)</u>			D	
				te, if Transaction Code (Instr. 8)			a	current	ly valid OMB	contro	amun id	er.				
	2. Conversion or Exercise Price of Derivative Security	Date	3A. Deemed Execution Date	(e.g., puts, c 4. Transact Code	tion o D S A (A C C C C C C C C C C C C C C C C C	Number of Derivative decurities Acquired A) or Disposed of (D)	quired s, opti er 6. Ex ee (M	d, Dispose ions, conv	ed of, or Benef vertible securi reisable and Date	7. Titl	Owned e and Anderlying	nount		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form o Derivat Securit Direct o or India	Beneficia Ownersh y: (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, r) any	(e.g., puts, c 4. Transact Code	tion o D S A (A D O (I a a	Number of Derivative Securities Acquired A) or Disposed of (D) Instr. 3, nd 5)	quired s, opti er 6. Ex ee (N s	d, Dispose ions, conv Date Exe xpiration 1	ed of, or Benef rertible securi reisable and Date //Year)	7. Titl	e and Anderlying ities 3 and 4)	mount)mount r [umber	Derivative Security	Derivative Securities Beneficially Owned Following Reported Transaction	Owners Form o Derivat Securit Direct o or India (s) (I)	ship of Indirect Beneficia Ownersh (Instr. 4)

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Griggs James M						
1550 PEACHTREE STREET, N.W. ATLANTA, GA 30309			SVP & Corp Controller			

Signatures

/s/Lisa Stockard as Attorney-in-Fact	10/30/2018
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'g long-term incentive plan. The award of restricted stock units vests 100% on 10/26/21.
- (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 10/26/2019.

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.