FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Farshchi Jamil | | | | 2. Issuer Name and Ticker or Trading Symbol EQUIFAX INC [EFX] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|---|--|--|---|---|--|---|--|------------------|--|--------------------|-------------------|-------|---|--|--|---|---|---------------------------------------|--|--|
| (Last) | (First) | (Mi | ddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/21/2023 | | | | | | | | X | Officer (g below) | ive title | | Other (specify below) | | |
| 1550 PEACHTREE STREET, N.W. | | | | | | | | | | | | | | | EVP, CISO | | | | | |
| (Street) ATLANTA GA 30309 | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv | dividual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (State) | (Zi _l | ၁) | | | | | | | | | | | | | | | | | |
| | | Та | ble I - Noı | n-Der | ivativ | e Se | curitie | s Acq | uired, | Disp | osed of, | , or | Benefi | cially Ow | ned | | | | | |
| Date | | | | h/Day/Year) Execution | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (I | | | | | | 5. Amount Securities Beneficiall Following Transactio | y Owned Reported | Form: | nership : Direct (D) lirect (I) . 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | v | Amount | | (A) or (D) | Price | (Instr. 3 an | | | | (Instr. 4) | | | |
| Common Stock 02/2 | | | | | 21/2023 | | | | A | | 3,426 | | A | \$0.0000 | 33,131(1) | | | D | | |
| Common Stock 02/2 | | | | /21/2023 | | | | F | | 2,198 | | D | \$203.81 | 30,933(1) | | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Da (Month/Day/Yo | | te Securities Und | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti | e s Illy | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | • | Amount or Number of Shares | | (Instr. 4) | | | | | |

Explanation of Responses:

1. Includes accrued dividend equivalent units for dividends reinvested in corresponding restricted stock units through the Company's last dividend payment date.

/s/Lisa Stockard as Attorney-in-

Fact

** Signature of Reporting Person

Date

02/23/2023

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.