## FORM 4

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

OMB APPRO	OVAL
OMB Number:	3235-0287
Estimated average b	urden
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 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 *- GASTON KAREN H		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								
1550 PEACH	(Last) (First) (Middle) 550 PEACHTREE STREET, N.W.			3. Date of Earliest Transaction (Month/Day/Year) 02/03/2005					X0	X_ Officer (give title below) Other (specify below) Chief Adm Officer					
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_ For	6. Individual or Joint/Group Filing(Check Applicable Line)  X_ Form filed by One Reporting Person  Form filed by More than One Reporting Person						
ATLANTA, (City)		(State)	(Zip)												
		` ,		1					tive Securities						
1.Title of Securit (Instr. 3)	Date		2. Transaction Date (Month/Day/Year		Date, it	(Instr. 8)		(A) or Dispose		f (D) Owned Follow Transaction(s)			O Fo	wnership orm:	Beneficial
				(Month/Day/			ode	(A) or		(Instr. 3	(Instr. 3 and 4)				Ownership Instr. 4)
Reminder: Repor	rt on a separa	te line for each cl					P ii a	Persons we note that the contract of the contr	ho respond to m are not req y valid OMB o	uired to res control num	spond ur nber.				474 (9-02)
Reminder: Repor	rt on a separa	te line for each cl	ass of securities be	nencially ov	viied dii	cerry of	P	Persons w n this for	n are not req	uired to res	spond ur				474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction	Table II  3A. Deemed Execution Date	- Derivative (e.g., puts, 4. Transac Code	e Securi calls, w 5. of Setion of Se 8) A	ties Acvarrant Number Deriva	quired ss, opti	Persons we not this form this form the currently of the c	m are not req y valid OMB of l of, or Benefic critible securitie reisable and Date	uired to rescontrol num	Amount	8. Price of	9. Number of Derivative Securities Beneficially	10. Ownersh Form of Derivativ	11. Natu of Indire Benefici Ownersh
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1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II  3A. Deemed Execution Date rr) any	- Derivative (e.g., puts, 4. Transac Code	e Securicalls, v  5. Setion of Se  So or of (Ii	Number Deriva courities coquired Disposit (D) str. 3, 4 d 5)	quired as option of the control of t	Persons went this form a currently of the currently of th	m are not req y valid OMB of l of, or Benefic critible securitie crisable and cate /Year)	ially Owned cs) 7. Title and of Underlyic Securities	Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownersh Form of Derivativ Security: Direct (Dor Indirect	11. Nature of Indire Benefici Owners! (Instr. 4)

#### Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
GASTON KAREN H 1550 PEACHTREE STREET, N.W. ATLANTA, GA 30309			Chief Adm Officer		

### **Signatures**

By: Kent E. Mast as Attorney-in-Fact for	02/07/2005
**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) The option vests in four equal annual increments beginning on 2/3/05.

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.