# 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 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 Ty	pe Responses	s)												
1. Name and Address of Reporting Person* HUMANN L PHILLIP				2. Issuer Name and Ticker or Trading Symbol EQUIFAX INC [EFX]					5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
	(Last) (First) (Middle) 1550 PEACHTREE STREET, N.W.			3. Date of Earliest Transaction (Month/Day/Year) 03/31/2005					-	Officer (g	give title below)	Oth	er (specify belov	v)
(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 Person _Form filed by More than One Reporting Person				ne)	
(City		(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially O					neficially Owr	ied				
1.Title of S (Instr. 3)			Date (Month/Day/Year)	Execution Date, if Code		8) (A	Securities A a) or Dispose astr. 3, 4 and (A) o	or   E	5. Amount of Securities Beneficially Owned Follo Reported Transaction(s) (Instr. 3 and 4)		F C O	Ownership o orm: Birect (D) Cr Indirect (I	Beneficial Ownership	
Reminder: 1										e collection				474 (9-02)
Reminder: 1							contain form di	ed in this f splays a cu sed of, or B	orm are n irrently va	not require alid OMB o	d to respo	nd unless th		1/4 (9-02)
1. Title of	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date,	4. Transact	tion Nu of Dee See Ac (A' Dis of (In	mber rivative curities quired or sposed	contain form dis uired, Dispo , options, co 6. Date Exc and Expira (Month/Da	ed in this f splays a cu sed of, or B nvertible sec ercisable tion Date	orm are nurrently va eneficially curities)	Owned  and Amount lying	d to respo control nur 8. Price of	nd unless th	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, any	4. Transact	tion Nu of Dee See Ac (A' Dis of (In	mber rivative curities quired or posed (D) str. 3, and 5)	contain form dis uired, Dispo , options, co 6. Date Exc and Expira (Month/Da	ed in this f splays a cu sed of, or B nvertible sec ercisable tion Date y/Year)  Expiration	eneficially curities) 7. Title ar of Underly Securities	Owned  and Amount lying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
HUMANN L PHILLIP 1550 PEACHTREE STREET, N.W. ATLANTA, GA 30309	X				

### **Signatures**

By: Kathryn J. Harris as Attorney-in-Fact for	04/01/2005
**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 phantom stock converts into common stock on a one-for-one basis.
- (2) The units are to be settled 100% in cash beginning on a date elected by the participant that is at least one year after the end of the Plan Year for which the initial deferral is made, or upon the reporting person's ceasing to serve as a director.
- (3) The Fair Market Value of each share of common stock at time of grant is \$30.69.

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.