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 Response | s) | | | | | | | | | | | | | | | |
|---|---|--------------------------------------|--|---------|---|----|------------|--------|--------------|---|------------------------|--|---|--------------------------------------|---|---|------------------------------------|
| 1. Name and Address of Reporting Person* DAHLBERG A W | | | | | 2. Issuer Name and Ticker or Trading Symbol EQUIFAX INC [EFX] | | | | | | | | 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) 05/17/2005 | | | | | | | Office | r (give title belo | ow) | Other (specify | below) | |
| (Street) | | | | 4. If | 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 | | | | | |
| ATLAN | ΓA, GA 30 | 309 | | | | | | | | | | | | | | | |
| (City | ") | (State) | (Zip) | | | Ta | ble I | - Nor | -Der | ivative | Securities | Acqu | ired, Disp | osed of, or I | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | | | (Instr. 8) | | tion | A. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | Form: | 7. Nature of Indirect Beneficial | |
| | | | | (Moi | (Month/Day/Year) | | | ode | V | Amoun | (A) or at (D) | Price | (Instr. 3 a | Instr. 3 and 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common Stock (1) | | 05/17/2005 | | | | | 4 | Ì | 3,000 | 1 | \$ 35.31 | 22,915 | | D | | | |
| | | | Table II | | | | | quire | the f | form dis | splays a of, or Ben | curre reficial | | OMB conf | spond unle trol numbe | | |
| 1 77:1 6 | 2 | 2.77 | la. B | | | | | ts, op | | | tible secu | | •.1 1 | 0 D : C | 0.37 | 6 10 | 11.37. |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transactio Date (Month/Day/ | Year) Execution I | ate, if | e, if Transaction Code (ear) (Instr. 8) | | Number | | and i | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Ame Und Secu | itle and ount of lerlying urities tr. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivat Securit Direct of Or India | f Beneficia Ownershi y: (Instr. 4) |
| | | | | | Code | V | (A) | (D) | Date Exer | e rcisable | Expiration Date | n Title | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | |
|--------------------------------|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| DAHLBERG A W | | | | | | |
| 1550 PEACHTREE STREET, N.W. | X | | | | | |
| ATLANTA, GA 30309 | | | | | | |

Signatures

| By: Kathryn J. Harris as Attorney-in-Fact for | 05/19/2005 | | |
|---|------------|--|--|
| **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) Award of restricted stock units. The stock vests 100% on 5/17/2006.

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.