FORM 4

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

| OMB APPROVAL | | | | | |
|--------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average | burden | | | | |
| nours per response | e 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 | 5) | | | | | | | | | | | | |
|--|-----------------------------------|---|--|----------------------|-----------------------|---|---|--|---|--|-------------------------------------|--|---|
| Name and Address of Reporting Person * BETTY CHARLES G | | | 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 | | | | |
| | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/17/2006 | | | | | - | Office | r (give title belo | ow) | Other (specify be | ·low) |
| (Street) | | | 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 | | | | |
| ATLANTA, GA 30 | | | | | | | | | | a of more man | - Cone responding | | |
| (City) | (State) | (Zip) | Ta | ble I - N | lon-Der | ivative S | Securities A | Acquir | red, Dispo | osed of, or I | Beneficially (| Owned | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | f Code (Instr. 8) | | (A) or Disposed of (I (Instr. 3, 4 and 5) | | f (D) | Beneficial Reported | t of Securities lly Owned Following Transaction(s) | | Ownership Form: | Beneficial |
| | | | (Month/Day/Year) | Code | e V | Amoun | (A) or (D) | Price | (Instr. 3 and 4) | | | \ / | Ownership (Instr. 4) |
| Common Stock (1) | | 05/17/2006 | | A | | 3,000 | + ` ′ + | | 7,000 | | | D | |
| Reminder: Report on a s | separate line for | each class of secur | ities beneficially ov | vned dir | Pers | ons wh | o respon | | | ction of inf | | | 474 (9-02) |
| Reminder: Report on a s | separate line for | Table II - 1 | Derivative Securiti | ies Acqu | Pers cont the f | ons wh ained ir orm dis | o respon this form plays a co | n are urren ficiall | not requ tly valid | ired to res | ormation spond unle rol numbe | ss | 474 (9-02) |
| 1. Title of 2. | 3. Transaction Date (Month/Day/Yo | Table II - 1 (3A. Deemed Execution Da ear) | Derivative Securities, puts, calls, was ten if Transaction Code (Instr. 8) | ies Acquarrants, | Pers cont the f | ons wh ained ir orm dis | orespon this forr splays a co of, or Bene tible secur cisable on Date | ficially ficially fities) 7. Tit Amou Unde Secur | not requitly valid y Owned tle and unt of erlying | OMB cont | spond unle | of 10. Ownersh Form of Derivativ Security: Direct (I or Indire | 11. Nat of Indir Benefic Owners (Instr. 4 |

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

Signatures

| By: Kathryn J. Harris as Attorney-in-Fact for | 05/18/2006 |
|---|------------|
| **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 5/17/07.

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.