FORM 4

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

OMB APPROVAL
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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

I tuille al	d Address of	f Reporting Pe	erson *	2. Issuer Name a	nd Ticker	or Tra	ding Syn	nhol		5. Relation	ship of Rep	orting Perso	n(s) to Issue	er
1. Name and Address of Reporting Person – MAST KENT E				2. Issuer Name and Ticker or Trading Symbol EQUIFAX INC [EFX]						(Check all applicable) Director 10% Owner				
(Last) (First) (Middle) 1550 PEACHTREE STREET, N.W.			3. Date of Earliest Transaction (Month/Day/Year) 01/29/2007						X Officer (give title below) Other (specify below) CVP and General Counsel					
(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 PersonForm filed by More than One Reporting Person				
(City		(State)	(Zip)	Ta	ıble I - No	n-Deri	ivative S	ecurities	s Acqui	red, Dispo	sed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Beneficially Owned Following Reported Transaction(s)			6. Ownership Form:	Beneficial
				(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Commor	Stock		01/29/2007		F		2,703	11)	\$ 40.48	80,444			D	
Common Stock								1,100		I	I	By 401(k)		
Reminder:	Report on a s	separate line fo	or each class of secur	rities beneficially ov	vned direc	tly or i	indirectly	·						
Reminder:	Report on a s	separate line fo	Table II -	Derivative Securiti	ies Acquir	Perso conta the fo	ons who ained in orm dis	o respo this fo plays a f, or Be	rm are curren	not requ ntly valid		ormation pond unle	ss	1474 (9-02)
1. Title of	•	3. Transactio	Table II -	Derivative Securities. 4. te, if Transaction Code Year) (Instr. 8)	ies Acquir arrants, op	Persoconta the for ed, Dis- otions, 6. Data and E	ons who ained in orm dis	o responding this for Bending securisable in Date	neficial urities) 7. Ti Amo	not requ ntly valid	OMB cont	pond unle	of 10. Owners Form o Derivat Security Direct (or Indir	11. Natur of Indired Beneficia ive Ownersh (Instr. 4)

Reporting Owners

٠		Relationships					
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
	MAST KENT E 1550 PEACHTREE STREET, N.W. ATLANTA, GA 30309			CVP and General Counsel			

Signatures

/s/ Mast, Kent E.	01/30/2007
**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).

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.