FORM 4

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

OMB APPRO	JVAL
OMB Number:	3235-028
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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

(Print or Type Re	sponses)														
1. Name and Address of Reporting Person *- Shannon Michael S			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						
(Last) (First) (Middle) 1550 PEACHTREE STREET, N.W. (Street) ATLANTA, GA 30309 (City) (State) (Zip)				3. Date of Earliest Transaction (Month/Day/Year) 02/07/2007					X_ 0	X_Officer (give title below) Other (specify below) Pres-NA Comm Sol					
			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					
			Table I - Non-Derivative Securities Acqu					4i d D							
1. Title of Security 2. (Instr. 3) Da		2. Transaction Date (Month/Day/Year	2A. Deem Execution any (Month/Da	Date, if	3. Transact Code (Instr. 8)		ion 4. Se (A) c	curities Acquir or Disposed of (r. 3, 4 and 5)	ed 5. Amount of Sec		curities Bene	eficially 6.	Ownership orm:	7. Nature of Indirect Beneficial Ownership	
						Co	ode	V Amo	(A) or unt (D)	Price			(I)		(Instr. 4)
Reminder: Repor	rt on a separa	te line for each cl	ass of securities be	neticially ov	vned dii	ectly of	F	Persons w	who respond to m are not req y valid OMB o	uired to res	spond ur		n contained orm displays		474 (9-02)
Reminder: Repor	rt on a separa	te line for each cl	iss of securities be	neficially ov	vned dii	ectly of	F	Persons w	n are not req	uired to res	spond ur				474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II 3A. Deemed Execution Date	- Derivative (e.g., puts, 4. , if Transac Code	e Securi calls, w 5. ction of Se 8) Ad	ties Ac	quireces, optier 6 (A)	Persons we not this form a currently d. Disposed ions, conve	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		10. Ownersh Form of	11. Naturip of Indire Beneficite Ownersl
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Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Shannon Michael S					
1550 PEACHTREE STREET, N.W. ATLANTA, GA 30309			Pres-NA Comm Sol		

Signatures

By: Kathryn J. Harris as Attorney-in-Fact for	02/09/2007
**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).
- (1) The option vests in three equal annual increments beginning on 2/7/2008.

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.