## FORM 4

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

| OMB APPR           | OVAL      |
|--------------------|-----------|
| 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

| 1.37                                                       |               | s)                                         |                                                               |                                                             |                           |                      |                                               |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |                         |               |                                     |                                                                           |                                                        |
|------------------------------------------------------------|---------------|--------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------|---------------------------|----------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------|---------------|-------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------|
| 1. Name and Address of Reporting Person * SPRINGMAN PAUL J |               |                                            | 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.        |               |                                            |                                                               | 3. Date of Earliest Transaction (Month/Day/Year) 05/13/2008 |                           |                      |                                               |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X Officer (give title below) Other (specify below)  Chief Mktg Officer                     |                         |               |                                     |                                                                           |                                                        |
| (Street) ATLANTA, GA 30309                                 |               |                                            | 4. If Amendment, Date Original Filed(Month/Day/Year)          |                                                             |                           |                      |                                               | 6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |                         |               |                                     |                                                                           |                                                        |
| (City) (State) (Zip)                                       |               |                                            |                                                               | Table I - Non-Derivative Securities Acqu                    |                           |                      |                                               |                                                                                                                                             | es Acqui                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | uired, Disposed of, or Beneficially Owned                                                  |                         |               |                                     |                                                                           |                                                        |
| (Instr. 3) Date                                            |               | 2. Transaction<br>Date<br>(Month/Day/Year) | any                                                           | tion Date, if                                               | (Instr. 8)                |                      | (A) or Disposed of (D) (Instr. 3, 4 and 5)    |                                                                                                                                             | of (D)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Beneficially Owned Following<br>Reported Transaction(s)                                    |                         | Following (s) | Ownership<br>Form:                  | Beneficial                                                                |                                                        |
|                                                            |               |                                            |                                                               | (Monti                                                      | h/Day/Year                | Code                 | V                                             | Amount                                                                                                                                      | (A)<br>or<br>(D)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Price                                                                                      | (I)                     |               | or Indirect                         | Ownership<br>(Instr. 4)                                                   |                                                        |
| Commor                                                     | Stock         |                                            | 05/13/2008                                                    |                                                             |                           | S                    |                                               | 2,100                                                                                                                                       | D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$<br>38.50                                                                                | 64,489                  | 4,489         |                                     | D                                                                         |                                                        |
| C                                                          | Stock         |                                            |                                                               |                                                             |                           |                      |                                               |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            | 3,265                   |               | I                                   |                                                                           | By                                                     |
|                                                            |               | separate line fo                           | or each class of secu                                         | rities be                                                   | eneficially o             | wned dir             | ctly or                                       | indirectly                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |                         |               |                                     |                                                                           | 401(k)                                                 |
|                                                            |               | separate line fo                           | Table II -                                                    | Derivat                                                     | tive Securi               | ies Acqı             | Person<br>the                                 | sons wh<br>tained ir<br>form dis                                                                                                            | o respo<br>this fo<br>plays a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | orm are<br>a curre<br>eneficial                                                            | the collect<br>not requ |               | ormation<br>spond unle<br>rol numbe | SEC                                                                       | 1474 (9-02)                                            |
| 1. Title of                                                | Report on a s | 3. Transaction Date                        | Table II - on 3A. Deemed Execution Date                       | Derivat<br>(e.g., pu                                        | tive Securituts, calls, w | ies Acqu<br>arrants, | Person the freed, Doptions 6. Daniel (Morees) | sons wh<br>tained ir<br>form dis<br>isposed of<br>s, convert<br>Date Exerc<br>Expiration<br>onth/Day/                                       | o respondent this for plays a second this second the se | rneficial<br>urities) 7. Ti<br>Amo<br>Und<br>Secu<br>(Inst<br>4)                           | the collect<br>not requ | OMB cont      | spond unle                          | SEC  SS  of 10.  Ownersl Form of Derivati Security Direct (1 or Indirect) | 11. Natur<br>of Indired<br>Beneficia<br>ove (Instr. 4) |

### **Reporting Owners**

|                                                                      | Relationships |              |                    |       |  |  |
|----------------------------------------------------------------------|---------------|--------------|--------------------|-------|--|--|
| Reporting Owner Name / Address                                       | Director      | 10%<br>Owner | Officer            | Other |  |  |
| SPRINGMAN PAUL J<br>1550 PEACHTREE STREET, N.W.<br>ATLANTA, GA 30309 |               |              | Chief Mktg Officer |       |  |  |

## **Signatures**

| Kathryn J. Harris as Attorney-in-Fact | 05/14/2008 |
|---------------------------------------|------------|
| **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.