FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

1 Nome on		s)													
1. Name and Address of Reporting Person* Adams J Dann				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) 08/12/2008						X Officer (give title below) Other (specify below) Pres-USCI Solutions					
(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 Person Form filed by More than One Reporting Person						
(City	· ·	(State)	(Zip)		Т	able I -	lon-D	erivative S	Securitie	es Acqui	ired, Dispo	osed of, or I	Beneficially (Owned	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)			(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Beneficially Owned Following Reported Transaction(s)		Following (s)		Beneficial	
		(Mo		(Mont	(Month/Day/Year)		· V	Amount	(A) or (D)	Price	(Instr. 3 a	3 and 4)			
Commor	Stock		08/12/2008			S		2,000	D	\$ 36.59	48,797	8,797		D	
Common Stock										353		I		By	
		separate line f	or each class of secu	rities be	eneficially of	owned di	ectly o	r indirectly	y						401(k)
		separate line f		Deriva	ntive Securi	ties Acq	Per cor the	sons whatained ir form dis	o responding this formula of the second seco	orm are a curre eneficial	not requesting ntly valid		ormation spond unle trol numbe	SEC	1474 (9-02)
Reminder:	Report on a s	3. Transaction	Table II - on 3A. Deemed Execution D	Deriva (e.g., po	ntive Securi uts, calls, w	ties Acq varrants	Per conthe	sons whatained ir form dis	o responsible for Betible sec	eneficial urities) 7. Ti Amo	not requesting ntly valid	OMB cont	spond unle trol numbe	SEC SS of 10. Ownersl Form of Derivati Security Direct (1 or Indirect)	11. Natur of Indired Beneficia ove (Instr. 4)

Reporting Owners

Ī		Relationships					
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
	Adams J Dann 1550 PEACHTREE STREET, N.W. ATLANTA, GA 30309			Pres-USCI Solutions			

Signatures

Kathryn J. Harris as Attorney-in-Fact	08/13/2008
**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.