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

1 Nome or	pe Response	•														
Name and Address of Reporting Person * Ploder Rodolfo O			_	2. Issuer Name and Ticker or Trading Symbol EQUIFAX INC [EFX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)Director10% Owner					
(Last) (First) (Middle) 1550 PEACHTREE STREET, N.W.					3. Date of Earliest Transaction (Month/Day/Year) 01/18/2011							X Officer (give title below) Other (specify below) Pres-USCIS				
ATLAN'	TA, GA 30	(Street)		4. I	f Amendme	ent, I	Oate Ori	inal F	iled(Month	Day/Year)	-	_X_ Form fil	ed by One Repo	Group Filing(rting Person One Reporting l	• •	ble Line)
(City	<i>i</i>)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Ov						Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	ear) Exe		, if	3. Trans Code (Instr. 8		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		following (s)	6. Ownership Form:	Beneficial
				(Mo	onth/Day/Ye	ear)	Code	V	Amount	(A) or (D)	Price	or Ir (I)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	n Stock		01/18/2011				F		1,157	111	\$ 36.93	61,205			D	
Common Stock										732		I	I	By 401(k)		
		- F	or each class of			,			•	·						
			Table		vative Secu			the red, D	tained ir form dis	this fo plays a f, or Ber	rm are currer reficiall	not requ ntly valid		ormation pond unle rol numbe	ss	1474 (9-02)
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	on 3A. Deer Execution (Year) any	(e.g., ned n Date, if	vative Secu puts, calls, 4. Transactic Code (Instr. 8)	, wai	rrants, o	red, D	tained ir form dis	this fo plays a f, or Ber ible secu isable n Date	rm are currer neficiall rities) 7. Ti Amo Unde	not requ ntly valid	ired to res	pond unler rol number	of 10. Owners Form of Derivat Security Direct (or Indir	11. Nature of Indire Benefici Cowners! (Instr. 4)

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Ploder Rodolfo O 1550 PEACHTREE STREET, N.W. ATLANTA, GA 30309			Pres-USCIS				

Signatures

Kathryn J. Harris as Attorney-in-Fact	01/19/2011
**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.