| FORM | 4 |
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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). |
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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. Name and Address of Reporting Person McKinley John A | 2. Issuer Name and Ticker or Trading Symbol EQUIFAX INC [EFX] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|---|--|--|--|---|--|---|---|-------------------------|--|--|--|
| (Last) (First) C/O EQUIFAX INC., 1550 PEAC STREET NW | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2011 | | | | | Officer (give title below)O | Other (specify be | low) | | | |
| (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) | Table I - Non-Derivative Securities Acqui | | | | | | uired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of Security (Instr. 3) | | Execution Date, if | Code (A) or Dis (Instr. 8) (Instr. 3, 4 | | A) or Disposed of (D) Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Beneficial Ownership | | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SE contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|---------------------------|--|------------|--------------------|------|---|---|--|-------------|---|-----------------|--|--|--|------------|--|
| | Conversion | | Execution Date, if | Code |) | of Deriv Secur Acqui (A) or | 6. Date Exercisable and Expiration Date (Month/Day/Year) rivative quired o or posed D) str. 3, | | ble 7. Title and Amount of Underlying r) Securities | | Derivative Security (Instr. 5) | Derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial | |
| | | | | Code | v | (A) | (D) | Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Phantom Stock Units | <u>(1)</u> | 03/31/2011 | | А | | 434 | | <u>(1)</u> | (1) | Common Stock | 434 | \$ 38.85 | 5,059 | D | |

Reporting Owners

| | Relationships | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| McKinley John A C/O EQUIFAX INC. 1550 PEACHTREE STREET NW ATLANTA, GA 30309 | Х | | | | | | |

Signatures

| /s/ John A. McKinley | 04/01/2011 |
|---------------------------------|------------|
| **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).
- (1) Each share of phantom stock is the economic equivalent of one share of common stock. The shares of phantom stock become payable, in cash, at the election of the reporting person, upon the reporting person's termination of service as a director.

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.