FORM 4

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

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

| pe Response | s) | | | | | | | | | | | | | | | | |
|---|---|---|---|--|--|--|--|---|--|---|---|---|--|--|--|--|--|
| 1. 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) Director 10% Owner | | | | | |
| (Last) (First) (Middle) 1550 PEACHTREE STREET, N.W. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/21/2014 | | | | | | | X Officer (give title below) Other (specify below) Pres-USCIS | | | | | | |
| (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 PersonForm filed by More than One Reporting Person | | | | | | |
| | (State) | (Zip) | | | Tab | ole I - N | lon- | -Deriv | vative S | ecurities . | Acqu | ired, Disp | osed of, or I | Beneficially | Owned | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | any | | if Code (Instr. 8) | | 1 | | f (D) Beneficial Reported | | lly Owned Following Transaction(s) | | Ownership of Form: | Beneficial | | |
| | | | (Mon | ith/Day/Ye | ear) | Code | e | V | Amoun | (A) or (D) | Price | (Instr. 3 a | str. 3 and 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Stock (1) | | 02/21/2014 | | | | A | | : | 5,625 | A | \$ 0 | 71,067 | | | D | | |
| Stock | | | | | | | | | | | | 770 | | | I | By 401(k) | |
| | | | | | | | th iired | ontai he fo d, Disj | ined ir rm dis posed o | this for plays a c f, or Bene | m are curre eficial | not requesting ntly valid | uired to res | spond unle | | | |
| 1 | Date | 3A. Deemed Execution Day Year) any | te, if | 4. Transactio | 5 N O D D S A (A D O (I | Number of Derivative Courities Acquired A) or Dispose of (D) Instr. 3, | ve es d d | 6. Date | e Exerc xpiratio th/Day/ | isable n Date Year) | 7. T Ame Und Secu (Ins: 4) | ount of lerlying urities | | Derivative Securities Beneficially Owned Following Reported | Owners Form of Derivati Security Direct (or Indirects) | Beneficia Ownershi (Instr. 4) D) | |
| | | | | | | | 1 | Exerci | isable | Date | | of | | | | | |
| | nd Address of odolfo O t) ACHTREF TA, GA 30 y) Security 1 Stock Report on a s 2. Conversion or Exercise Price of Derivative | Conversion or Exercise Price of Derivative (Strest) (Street) (Street) (Street) (Street) (State) (All (Month/Day/Y) (Month/Day/Y) (Month/Day/Y) | nd Address of Reporting Person odolfo O (First) (Middle) ACHTREE STREET, N.W. (Street) TA, GA 30309 (State) (Zip) Security 2. Transaction Date (Month/Day/Year) 1 Stock 10 2 Table II - I (Conversion or Exercise Price of Derivative 10 Derivative 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date (Month/Day/Year) (Month/Day/Year) | and Address of Reporting Person 2. It is codolfo O EQU (Middle) 3. Date (Street) 4. If ACHTREE STREET, N.W. (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (e.g., p. | 2. Issuer Name Quui FAX I 2. Issuer Name Address of Reporting Person* 2. Issuer Name Achterist (Middle) 3. Date of Early (02/21/2014) 4. If Amendment Achterist (Street) TA, GA 30309 (State) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 1. Stock Table II - Derivative Securities beneficially Transaction Date (Month/Day/Year) Transaction Date (Instr. 8) | and Address of Reporting Person* Odolfo O (First) (Middle) (Street) ACHTREE STREET, N.W. (Street) TA, GA 30309 (State) (Zip) Tall (Month/Day/Year) 2. Issuer Name and EQUIFAX INC 3. Date of Earliest 02/21/2014 4. If Amendment, I Execution Date, if any (Month/Day/Year) 1 Stock Table II - Derivative Securities beneficially ow (Month/Day/Year) A. Deemed Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) (E.g., puts, calls, war on the conversion of Exercise of Derivative Security (Month/Day/Year) A. 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(Street) TA, GA 30309 (State) (State) (State) (Street) A I Stock Report on a separate line for each class of securities beneficially owned directly any or Exercise of Derivative Security Table II - Derivative Securities Acque (e.g., puts, calls, warrants, any (Month/Day/Year) Table II - Derivative Securities Acque (e.g., puts, calls, warrants, any (Month/Day/Year) Table II - Derivative Securities Acque (e.g., puts, calls, warrants, any (Month/Day/Year) Table II - Derivative Securities Acque (e.g., puts, calls, warrants, any (Month/Day/Year) (Month/Day/Year) Table II - Derivative Securities Acque (e.g., puts, calls, warrants, any (Month/Day/Year) (Month/Day/Year) Table II - Derivative Securities Acque (e.g., puts, calls, warrants, any (Month/Day/Year) (Month/Day/Year) Table II - Derivative Securities Acque (e.g., puts, calls, warrants, any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 8) | and Address of Reporting Person* ACHTREE STREET, N.W. 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Issuer Name and Ticker or Trading Symbol EQUIFAX INC [EFX] | Address of Reporting Person 2 Code V Amount Amount Amount Code Contained in this form are not required (e.g., puts, calls, warrants, options, convertible securities Code Contained in this form are not required for Exercise Code Contained in this form are not required for Exercise Code Contained in this form are not required for Exercise Code Contained in this form are not required for Exercise Code Contained in this form are not required for Exercise Code Contained in this form are not required for Exercise Code Contained in this form are not required for Exercise Code Contained in this form are not required for Exercise Code Contained in this form are not required for Exercise Code Contained in this form are not required for Exercise Code Contained in this form are not required for Exercise Code Contained in this form are not required for Exercise Code Contained in this form are not required for Exercise Code Code Contained in this form are not required for Exercise Code Co | 2. Issuer Name and Ticker or Trading Symbol EQUIFAX INC [EFX] 5. Relationship of Reported FQUIFAX INC [EFX] 5. Relationship of Reported Taylor (Chemothy Day/Year) 6. Individual or Joint/X. Form filed by More than Security 7. Table I - Non-Derivative Securities Acquired, Disposed of (D) (Instr. 3, 4 and 5) 7. Table II - Derivative Securities Acquired (A) or Disposed of the form displays a currently valid OMB contact or Exercise (Month/Day/Year) 7. Transaction Date of Date or Date Date or Date or Date or Date or Date or Date or Date Date or Date Date or Date or Date Date or Date Date or Date Date Date Or Date Date Date Date Date Date Date Date | 2. Issuer Name and Ticker or Trading Symbol EQUIFAX INC [EFX] 3. Date of Earliest Transaction (Month/Day/Year) OC2/21/2014 4. If Amendment, Date Original Filed(Month/Day/Year) OC3/21/2014 5. Relationship of Reporting Person (Check all applic A Officer (give file below) Director Check all applic A Officer (give file below) Director Check all applic A Officer (give file below) Director TA, GA 30309 (State) (A) or Disposed of (D) (Instr. 3, 4 and 5) (Instr. 3 and 4) (Instr. 4) (Instr. 4) (Instr. 4) (Instr. 3 and 4) (Instr. 3 and 4) (Instr. 3 and 4) | Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol EQUIFAX INC [EFX] S. Relationship of Reporting Person(s) to Issue Odolfo O | |

Reporting Owners

| 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 | 02/24/2014 | | |
|---------------------------------------|------------|--|--|
| **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) Award of restricted stock units. The stock vests 100% on 2/21/2017.

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.