FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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

| (Print or Ty | pe Response | s) | | | | | | | | | | _ | | | | |
|---|---|-------------------------------------|--|--|---|-----------------------|-------|---|--|--|--|---|--------------------------------------|---|---|---------------------------------|
| 1. Name and Address of Reporting Person * Nelson Lisa M | | | | | 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) 02/22/2022 | | | | | | | _X_ Office | er (give title bele Pres | ow) ident-Interna | Other (specify ational | pelow) |
| | | | | 4. If A | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | ar) | 6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| ATLANTA, GA 30309 (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqu | | | | | | ies Acqı | ired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | any | tion Date, if | if 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 | Form: | 7. Nature of Indirect Beneficial | | |
| | | | | (Month/Day/Year) | | Cod | le | V | Amount | (A) or (D) | Price | (Instr. 3 a | (Instr. 3 and 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common | n Stock | | 02/22/2022 | | | F | | | 754 | D | \$ 212.2 | 9,000 | 1) | | D | |
| | | | Table II - | | ative Securi | | quire | con the ed, D | tained i form dis | n this f splays of, or B | form ar a curre | re not requently valid | OMB conf | ormation spond unle trol numbe | ss | 1474 (9-02) |
| | 1 | 1 | | ` ' ' | uts, calls, w | | s, op | | | | | | ı | <u> </u> | | |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transactic Date (Month/Day | Year) Execution Day | 4. Transaction Code (Year) (Instr. 8) | | Number an | | and | Date Exercisable d Expiration Date Ionth/Day/Year) | | An Un Sec | , | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivat Security Direct (or Indir | Beneficial Ownership (Instr. 4) |
| | | | | | Code V | (A) | (D) | Dat Exe | te ercisable | Expirat Date | tion Tit | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | | | |
|---|---------------|--------------|-------------------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Nelson Lisa M 1550 PEACHTREE STREET, N.W. ATLANTA, GA 30309 | | | President-International | | | | | |

Signatures

| /s/Lisa Stockard as Attorney-in-Fact | 02/24/2022 |
|--------------------------------------|------------|
| **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) Includes accrued dividend equivalent units for dividends reinvested in corresponding restricted stock units through the Company's last dividend payment

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.