FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D C | 20540 |
|--------------|------|-------|
| vasilington, | D.C. | 20049 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPF | ROVAL | | | | | |
|----------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average bu | urden | | | | | |
| 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).

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* TYLER BRIAN S. | | | | | 2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG] | | | | | | | | | (Ch | Relationshi eck all app X Direc | licable) | , | | | | |
|---|--|--|--|----------------|--|--|---|------|--|-----------------------------------|-------------------|---|-------|--------|--|---|----------|--|---|------|--|
| (Last) | (Fi | rst) (| (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/15/2024 | | | | | | | | | | Offic belov | er (give title v) | | Other (s below) | specify | | |
| C/O 18500 NORTH ALLIED WAY | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. I | ndividual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | 77 | _ | 25054 | | | | | | | | | | | | | | , | | orting Person | | |
| PHOENI | X A | L | 85054 | | | | | | | | | | | | | Pers | | ic tila | п опс тере | Tung | |
| (City) | (Si | tate) (| (Zip) | | Rι | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | | |
| | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | ed to | | | | | |
| | | Tabl | e I - Non-l | Deriva | ative | Sec | uritie | s Ac | quir | ed, D | isp | osed o | of, o | r Ber | neficial | ly Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | ay/Year) Execu | | cecutio any | Deemed cution Date, ny nth/Day/Year) | | Transaction Disposi Code (Instr. 5) | | Dispose | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | Securi Benefi Owned | Securities For Beneficially (D) | | n: Direct r Indirect sstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | C | ode V | ′ | Amount (A) or (D) | | Price | Transa | | | | (Instr. 4) | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Yea | ate, T | 4. Transactio Code (Inst | | | | Expir | te Exerc ration Da th/Day/\ | ate | Amount of | | | 8. Price of Derivative Security (Instr. 5) | | i ily | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Ex Da | piration ite | Title | | Amount or Number of Shares | | | | | | |
| Restricted Stock Units | (1) | 04/15/2024 | | | A | | 19 | | (| (2) | | (2) | Com | | 19 | \$187.24 | 6,808 | | D | | |

Explanation of Responses:

- 1. Based on 1 on 1 conversion.
- 2. Dividends paid on the Restricted Stock Units awarded per the Republic Services, Inc. 2021 Stock Incentive Plan.

Remarks:

/s/ Lauren McKeon, Attorney-04/17/2024 in-Fact

** Signature of Reporting Person

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

- * 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.

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