FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPRO	OVAL						
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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

					Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG]										o of Reporting blicable) ctor	g Perso	n(s) to Is		
					3. Date of Earliest Transaction (Month/Day/Year) 02/25/2009									Office below	er (give title v)		Other below)	(specify	
(Street) KIRKLAND WA 98033 (City) (State) (Zip)			- 4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person							
		Tabl	e I - I	Non-Deriv	ative	Seci	uritie	s Ac	quire	d, Di	sposed o	f, or E	Benefic	ially (Owne	ed			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			d 5) Secur Bene		icially d Following	6. Own Form: (D) or I (I) (Ins	Direct ndirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v .	Amount	(A) or (D)	Price		Trans	ansaction(s) str. 3 and 4)			(111501.4)
Common Stock 02/25/200			009	P 500,000 A \$22.6001 ⁽¹⁾		52,	2,642,469 D)										
		Та	ble I								oosed of, convertib				vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	nversion Date Exercise (Month/Day/Year) if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Execution Date, if any Code (Instr. 8) Securities Acquired Acquired		ation D				8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dire or I (I) (Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)						
					Code	or Num Date Expiration of		Number											
1. Name and Address of Reporting Person*																			

1. Name and Address of Reporting Person* CASCADE INVESTMENT LLC								
(Last)	(First)	(Middle)						
2365 CARILLON POINT								
(Street)								
KIRKLAND	WA	98033						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* GATES WILLIAM H III								
(Last)	(First)	(Middle)						
ONE MICROSOFT WAY								
(Street)								
REDMOND	WA	98052						
(City)	(State)	(Zip)						

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$22.30 to \$22.91. The price reported above reflects the weighted average purchase price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.

Remarks

(a) Duly authorized under Special Limited Power of Attorney filed on February 17, 2009 as Exhibit 24.1 to Cascade Investment, L.L.C.'s Form 4 with respect to Republic Services, Inc. (b) Duly authorized under Special Limited Power of Attorney filed on February 17, 2009 as Exhibit 24.2 to Cascade Investment, L.L.C.'s Form 4 with respect to Republic Services, Inc.

Attorney-In-Fact for Michael
Larson, Business Manager (a)
/s/ Alan Heuberger, AttorneyIn-Fact for William H Gates III 02/27/2009
(b).

Date

** 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.