FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	AND	EXCHANGE	COMMISSION

OMB AP	PROVAL								
OMB Number:	3235-0287								
Estimated average burden									

0.5

hours per response:

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

See Ins	struction 10.																			
Name and Address of Reporting Person* Collins Tomago					2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
00111110	10111480													1						
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 10/15/2024								Officer (give title Other (specify below) below)							
C/O KRO	DENKE SP	ORTS & ENTE	RTAINM	ENT		10/10/2021														
1000 CHOPPER CIRCLE					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Ct== =t)					-								اا	_ine)			_			
(Street) DENVE	R CO	2	00204											Form filed by One Reporting Person						
DENVE	- C		80204		_									Form filed by More than One Reporting Person						
(City)	(Si	tate)	(Zip)																	
		Tabl	le I - Nor	n-Deriv	ative	Sec	uritie	s Ac	quired, [Disp	osed o	of, or Be	enefici	ially	Owne	d				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ay/Year) Exec		A. Deemed xecution Date, any //onth/Day/Year)	Code (Instr.						5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount (A) o		Pric	е	Reported Transact (Instr. 3	ion(s)			(Instr. 4)		
		Т							uired, Di						Owned					
		1			uts,	CallS	, wai	Tant	s, options	5, 00	niveru	ible Sec	urilles	"						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	ate, Transac				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		D S (li	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	Code	e V	(A)	(D)	Date Exercisable		piration te	Title	Amour or Number of Shares	er						
Restricted Stock Units	(1)	10/15/2024		Ì	A		21		(2)		(2)	Common Stock	21	,	\$206.49	7,619 ⁽³)	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.
- 3. A portion of the Restricted Stock Units are held under the Company's Deferred Compensation Plan.

Remarks:

/s/ Lauren McKeon, Attorney-

10/17/2024

in-Fact

** Signature of Reporting Person Date

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.