## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## 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

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average bur	den
hours per response:	0.5

1. Name and Address of Reporting Person* <u>CASCADE INVESTMENT LLC</u>				2. Issuer Name and Ticker or Trading Symbol <u>REPUBLIC SERVICES, INC.</u> [ RSG ]						ationship of Reportin k all applicable) Director	ng Person(s) to I	
(Last) 2365 CARILLO	(First) ON POINT	(Middle)	)	3. Date of Earliest Tra 01/26/2009	ansaction (Month/Day/Year)					Officer (give title below)	Other below	(specify /)
(Street) KIRKLAND (City)	WA (State)	98033 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)				6. Ind Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Table I - I	Non-Derivat	ive Securities A	cquir	ed, [	Disposed o	of, or E	Beneficially	Owned		
Date		2. Transaction Date (Month/Day/Yea	ar) 2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
					Code	v	Amount	(A) or (D)	Price	<ul> <li>Reported Transaction(s) (Instr. 3 and 4)</li> </ul>		(Instr. 4)
Common Stock			01/26/2009	)	Р		450,000	A	\$25.9263 <sup>(1)</sup>	42,543,574	D	
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/Year)	4. Transa Code ( 8)				6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

## 1. Name and Address of Reporting Person\* CASCADE INVESTMENT LLC

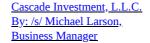
b			
(Last)	(First)	(Middle)	
2365 CARILLO	N POINT		
(Street)			
KIRKLAND	WA	98033	
(City)	(State)	(Zip)	
1. Name and Addres	s of Reporting Perso	1*	
GATES WIL	LIAM H III		
(Last)	(First)	(Middle)	
ONE MICROSC	OFT WAY		
(Street)			
REDMOND	WA	98052	
(City)	(State)	(Zip)	

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$25.58 to \$26.19. 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:**

\* Duly authorized under Special Power of Attorney appointing Michael Larson attorney-in-fact, dated February 3, 2006, by and on behalf of William H. Gates III, filed as Exhibit 99.1 to Cascade Investment, L.L.C.'s Amendment No. 2 to Schedule 13G with respect to Arch Capital Group Ltd. on March 7, 2006, SEC File No. 005-45257, and incorporated by reference herein.



01/28/2009

 
 William H Gates III By: /s/
 01/28/2009

 Michael Larson\*, Attorney-In-Fact
 Fact

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.