FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C.	20549

ngton, D.C. 20549	OMB APPROVA

	OMB Number: 32	35-0287
	Estimated average burden	
	hours per response:	0.5
- 1		

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

					UI -	Section	1 30(11)	OI LITE	HIVESUI	ieni c	Joinparty Act	01 1940							
					. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG]							Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner							
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 08/15/2014										er (give title	Λ		(specify
(Street) KIRKLAND WA 98033 (City) (State) (Zip)					- 4. Ii	4. If Amendment, Date of Original Filed (Month/Day/Year)								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	e Sec	uritie	s Ac	cquire	d, D	isposed o	f, or E	Benefic	ially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			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		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 08/15/2014								P		359,341	A	\$38.9	99,386,860			D			
		Та	ble I								posed of, convertib				vned				
Security or Exercise (Month/Day/Year) if any Co			Transa	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Expira (Month	tion E			8. Price of Derivative Security (Instr. 5)		9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	O F D (I	0. Iwnership orm: irect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares	1					
1. Name and Address of Reporting Person* CASCADE INVESTMENT LLC																			

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

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$38.6825 to \$39.0000. The price set forth above reflects the weighted-average price per share. 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.

/s/ Cascade Investment, L.L.C. by Alan Heuberger as attorney-08/19/2014 in-fact for Michael Larson,

Business Manager

/s/ William H. Gates III by

08/19/2014

Alan Heuberger, Attorney-in-

<u>fact</u>

** 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.