FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL						
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

					01 .	Occide	1 30(11)	or tire	IIIVCSt	mone c	company Act	01 1340								
2. Name and Address of Reporting Ferson						2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
CASCADE INVESTMENT LLC						<u> </u>									Direc	ctor	X	10% C)wner	
						3. Date of Earliest Transaction (Month/Day/Year) 05/17/2012									Offic below	er (give title w)		Other below)	(specify	
(Street) KIRKLAND WA 98033 (City) (State) (Zip)					4. If	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						
					<u> </u>							_								
		Tabl	e I - I	Non-Deri\	/ative	Sec	uritie	s Ac	quire	ed, D	isposed o	f, or E	Benefic	ially	Owne	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Execution Date,		te,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Followin Reported		ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(111501.4)		
Common Stock 05/17/2012)12	.2			P		457,670	A	\$25.9151(1)		70,267,661			D			
		Та	ble I								posed of, convertib				vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Deriv Secu (Inst		tive derivative ty Securities		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares							
		Reporting Person* ESTMENT L	LC																	

1. Name and Address of Reporting Person* <u>CASCADE INVESTMENT LLC</u>									
(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 MICROSO									
(Street)									
REDMOND	WA	98052							
(City)	(State)	(Zip)							

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$25.805 to \$26.00. 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-05/21/2012 in-fact for Michael Larson,

Business Manager

/s/ William H. Gates III by 05/21/2012

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.