FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 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

| | | | | | 01 - | Section | 1 30(11) | or trie | invest | ineni C | company Act | 01 1940 | | | | | | | | |
|---|--|------------------------------|-------|-------------------------------------|------|--|--|---------|---|---|---|---|--|--|---------------------------|---|--|---|---|--|
| 1. Name and Address of Reporting Person* <u>CASCADE INVESTMENT LLC</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| (Last) (First) (Middle) 3.1 | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/11/2014 | | | | | | | | ** | | | | owner (specify | |
| Street) KIRKLAND WA 98033 (City) (State) (Zip) 4. If Amendment, Date of Original Filed (Month/Date) | | | | | | | ay/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 | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | | 2. Transacti Date (Month/Day | - 1 | Execution Date, | | te, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | Beneficia | | ities icially d Following | Form (D) o | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | | (11311. 4) | |
| Common | Stock | | | 09/11/20 | 014 | | | | P | | 110,548 | A | \$39.10 | 1003 ⁽¹⁾ 102,607,322 D | | | | | | |
| | | Та | ble I | | | | | | | | posed of, convertib | | | | vned | | | | | |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | | ansaction of ode (Instr. Derivative | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | O Fe D OI (I) | 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) ONE MICROSO | (First) | (Middle) | | | | | | | |
| (Street) REDMOND | WA | 98052 | | | | | | | |
| (City) | (State) | (Zip) | | | | | | | |

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$39,0400 to \$39,1500. 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 attorneyin-fact for Michael Larson,

Business Manager

/s/ William H. Gates III by 09/15/2014

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.