SEC Form	4
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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).

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

1. Name and Address of Reporting Person [*] GOEBEL BRIAN A					2. Issuer Name and Ticker or Trading Symbol <u>REPUBLIC SERVICES, INC.</u> [RSG]									neck all appl Direct	icable) or	ng Pers	son(s) to Issi 10% Ov	vner
(Last) 18500 N.	(Firs) ALLIED W	,	/iddle)		3. Date of Earliest Transaction (Month/Day/Year) 01/16/2024								Officer (give title Other below) below CAO			респу		
(Street)			5054		4. lf /	Ameno	lment,	Date o	f Original	Filed	(Month/Da	ay/Year)	6. I Lin	e)			g (Check App orting Persor	
PHOENIX	K AZ	8:	5054											Form Perso		re thar	n One Repor	ting
(City)	(Sta	te) (Z	(ip)		Ru	le 10)b5-	1(c)	Trans	act	ion Ind	ication						
						Check satisfy	this box the affir	to india mative	cate that a defense co	transa nditio	action was m ns of Rule 1	nade pursua 0b5-1(c). Se	nt to a con ee Instructi	tract, instructi on 10.	on or written	plan th	nat is intended	i to
		Table	e I - Noi	n-Deriv	ative	Secu	uritie	s Ac	quired,	Dis	posed o	of, or Be	neficia	lly Owne	d			
1. Title of Security (Instr. 3) Date (Month/I			Day/Year) if an		A. Deemed Execution Date, f any Month/Day/Year)		Transaction Disposed C Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 ar		Benefic Owned	ies ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) oi (D)	r Price	Reporte Transac (Instr. 3	tion(s)		(Instr. 4)	
		Ta									osed of, convertil			/ Owned				
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. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisat		Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units	(1)	01/16/2024			Α		36		(2)	ſ	(2)	Common	36	\$165.64	11,134	(3)	D	

Explanation of Responses:

(4)

1. Each Restricted Stock Unit represents the contingent right to one share of common stock of Republic Services, Inc.

2. Reflects dividend equivalents received on the Restricted Stock Units ("RSUs") as awarded pursuant to the Republic Services, Inc. 2021 Stock Incentive Plan.

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3. A portion of the Restricted Stock Units are held under the Company's Deferred Compensation Plan.

4. Reflects dividend equivalents received on earned Performance Shares ("PSUs") in accordance with the Republic Services, Inc. 2021 Stock Incentive Plan and such PSUs were deferred under the Company's Deferred Compensation Plan.

(4)

Remarks:

Performance

Shares

(PSUs)

/s/ Lauren McKeon, Attorney-01/18/2024

\$165.64

598

D

** Signature of Reporting Person Date

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Commo

Stock

in-Fact

(4)

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).

01/16/2024

** 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.