## 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 APPRC	DVAL
OMB Number:	3235-0287
Estimated average burd	en
hours per response:	0.5

					Or	Section	30(n) oi th	e mves	unent	Company Act	01 1940							
1. Name and Address of Reporting Person* CASCADE INVESTMENT LLC					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>REPUBLIC SERVICES, INC.</u> [ RSG ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
														Direc		Х	10% C	
(Last) 2365 CA	(F RILLON F		(Middle	2)		Date of E /30/200		Insactio	n (Mor	nth/Day/Year)				Office below	er (give title /)		Other below)	(specify )
,					4.1	lf Amendi	ment. Date	e of Ori	ainal F	iled (Month/Da	av/Year)		6. Indivi	dual or	Joint/Group	Filina (	Check A	oplicable
(Street) KIRKLA (City)			98033	}			,				.,,		Line) X	Form	filed by One filed by Mor	e Repor	ting Pers	on
(City)	(3	itate) (	(Zip)															
		Tab	le I -	Non-Deriv	vative	e Secu	rities A	cquir	ed, C	isposed o	of, or E	Benefic	ially C	Owne	d			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				Execution Date,		3. Transaction Code (Instr. 8)					d 5) Sec Ben Owr		ount of ties cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price			action(s) 3 and 4)			(Instr. 4)
Common Stock 01/30/200			09		Р		600,000	A	\$26.16	517 <sup>(1)</sup>	44,	394,569	]	D				
		Ta	able I						'	posed of, , convertib				/ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exect if any			ransaction of ode (Instr. Derivative		Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)				9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow Foi Dir or (I) (	nership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
		1	1			1 1	1			1	I	Amount	1	I				1

Date Exercisable

Code

(A) (D)

Expiration Date

1. Name and Address of Reporting Person $^{*}$
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## **CASCADE INVESTMENT LLC**

P			
(Last)	(First)	(Middle)	
2365 CARILLO	N POINT		
(Street)			
KIRKLAND	WA	98033	
(City)	(State)	(Zip)	
1. Name and Addres	ss of Reporting Perso	n*	
1. Name and Addres <u>GATES WIL</u>		n*	
		n*(Middle)	
GATES WIL	LIAM H III (First)		
GATES WIL	LIAM H III (First)		
GATES WILL (Last) ONE MICROSC	LIAM H III (First)		

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$25.785 to \$26.505. 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.

or Number

of Shares

Title

02/03/2009

 
 William H Gates III By: /s/
 02/03/2009

 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.