FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL |
|---------------------|-----------|
| OMB Number: | 3235-0287 |
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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

| 1. Name and Address of Reporting Person* Ellingsen Catharine D (Last) (First) (Middle) 18500 N. ALLIED WAY | | | | | 3. D 07/ | Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG] Date of Earliest Transaction (Month/Day/Year) 07/14/2017 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | (C | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) EVP/Chief Legal Officer/Sec 6. Individual or Joint/Group Filing (Check Applicable | | | | |
|--|--|------------|------------|---------|----------------|--|---------|------|--|---------------|----------|---|-----------------|--|--|---------------------|---|---|--|
| (Street) PHOENI | | | 85054 | | | | | | | | | Lir | X For | , | | | | | |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | Sec | curitie | es A | cqui | ired, C | Disp | osed | of, or Be | eneficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transposite (Month/E | | | | | | Execution Date, | | e, | 3. Transact Code (In 8) | | | | | d Secur Benet Owne | curities Form | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | [| Code | v | Amount | t (A) or (D) Pr | | Trans | | | | (5 4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) | | | | Date, | Transaction of | | | Expi | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price o Derivative Security (Instr. 5) | | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exer | e rcisable | Ex Da | piration ite | Title | Amount or Number of Shares | | | | | |
| Restricted Stock Units | (1) | 07/14/2017 | | | A | | 82 | | | (2) | | (2) | Common Stock | 82 | \$64.45 | 16,652 ⁽ | 3) | D | |
| Stock | (4) | 07/14/2017 | | | A | | 90 | | | (4) | | (4) | Common | 90 | \$64.45 | 18,281 | | D | |

Explanation of Responses:

- 2. Reflects dividends paid on the Restricted Stock Units awarded per the Republic Services, Inc. Amended and Restated 2007 Stock Incentive Plan.
- 3. A portion of the Restricted Stock Units are held under the Company's Deferred Compensation Plan.
- 4. Ms. Ellingsen holds these stock units under the Republic Services Stock Incentive Fund ("Investment Fund") pursuant to her election under the Company's Deferred Compensation Plan. The Investment Fund is a measurement fund under which units are equal in value to shares of the Company's common stock and are settled in cash and receive dividend equivalents, in the form of additional stock units, each time a dividend is paid on the Company's common stock.

Remarks:

/s/ Eileen B. Schuler Attorneyin-Fact

07/18/2017

** 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.