FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPE | ROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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

| 1. Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|---------|---------|---|---|--|-----|--------|--|-----------------------|--------------------|--|---|---|---|---|---|--|---|
| OCONNOR JAMES E | | | | | | | | | | | | | | | X [| Director | | 10% C |)wner |
| (Last) (First) (Middle) 18500 NORTH ALLIED WAY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2010 | | | | | | | | | | Officer (give telow) | | | (specify |
| | | | | | 05/ | | | | | | | | | | Chairman/CEO | | | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| PHOENI | X AZ | 2 8 | 35054 | | | | | | | | | | | | X Form filed by One Reporting Person | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | | Execution Date, | | Date, | Transaction Disposed Code (Instr. | | | ties Acquired (A) o I Of (D) (Instr. 3, 4 | | | nd 5) So Bo O | Amount of ecurities eneficially wned Followi | F ([| . Ownership orm: Direct D) or Indirect) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | Code | v | Amount | | (A) or (D) | Price | ͺ Tr | eported ansaction(s) astr. 3 and 4) | | | (Instr. 4) | | | |
| Common Stock 05/14 | | | | | | 2010 | | F | | 37,368 ⁽¹⁾ | | (1) D \$29 | | 0.58 | 307,232 | | D | | |
| | 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 3. Transaction Date Execution Date, if any (Month/Day/Year) | | n Date, | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) or Dispo of (D) (Instr | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price Derivat Securit (Instr. 5 | ve derivati / Securiti | ve es ially ng ed etion(s) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nui of | nber | | | | | |

Explanation of Responses:

1. Represents shares of Republic Services, Inc.'s common stock withheld by the Company to satisfy tax withholding obligations associated with the vesting of restricted shares as of 05/14/2010. The fair market value of the exchanged shares was \$29.58.

Remarks:

/s/ Eileen B. Schuler Attorney-

in-Fact

** Signature of Reporting Person Date

05/17/2010

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.