## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

١	Washin	gton,	D.C.	20549

washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-		

<u>                                   </u>	
OMB Number:	3235-0287
Estimated average bu	urden
hours par 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	Sectio	n 30(n)	of the	nvestn	nent (	Company Act	of 1940							
					. Issuer Name <b>and</b> Ticker or Trading Symbol REPUBLIC SERVICES, INC. [ RSG ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
CASCADE III VESTWIEII LEC														Direc		X	10% C		
						3. Date of Earliest Transaction (Month/Day/Year) 08/06/2014									Offic belov	er (give title w)		Other below)	(specify
(Street)  KIRKLAND WA 98033  (City) (State) (Zip)					. If Amendment, Date of Original Filed (Month/Day/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							
		Tabl	e I - I	Non-Deriv	ative	Sec	uritie	s A	cquire	d, D	isposed o	f, or E	Benefic	ially	Owne	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				Execution Date, ar) if any		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
						Code	v	Amount	(A) or (D)	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 08/06/2014			14	P 794,603 A \$38.0518 <sup>(1)</sup> 98,221		,221,046		D											
		Та	ble I								posed of, convertib				vned				
. Title of berivative security Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date Execution Date, (Month/Day/Year)  (Month/Day/Year)  3. Transaction Date Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  4. Transaction Execution Date, if any (Month/Day/Year)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			ation			nt of ties ying tive	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dii or (I)	vnership rm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exerc	isable	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)	City) (State)							
1. Name and Address of Reporting Person*  GATES WILLIAM H III								
(Last)	(First)	(Middle)						
ONE MICROSO								
(Street)								
REDMOND	WA	98052						
(City)	(Zip)							

## **Explanation of Responses:**

1. This transaction was executed in multiple trades at prices ranging from \$37.7750 to \$38.0550. 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 08/08/2014

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.