FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

wasnington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL						
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

Name and Address of Reporting Person* Serianni Charles F						2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) 18500 No		3. Date of Earliest Transaction (Month/Day/Year) 10/15/2014								X	Office below	Officer (give title below) EVP Chief Fi		Other (below)	specify						
(Street) PHOENI (City)			85054 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Indivi ine) X	Form	or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son					
		Tab	le I - No	on-Deriv	ative	Sec	uriti	es Ac	quired	l, Di	sposed	of, or Be	enefici	ally (Owne	d					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)						Execution Date,			Transaction Dispose Code (Instr.			ties Acquired (A) o d Of (D) (Instr. 3, 4 a		and 5) Securi Benefi		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Transa	Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 10/15/20					2014	014			A		9	A	\$37.7	395	1,276			D ⁽¹⁾			
		Т	able II	Derivat (e.g., p							oosed of				wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deel Execution if any (Month/I	on Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercis Expiration Dat (Month/Day/Ye		e	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		Der Sec (Ins	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Ow For Oir or (I)	10. 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	Amoun or Numbe of Shares	1							
Restricted Stock Units	(2)	10/15/2014			A		182		(3)		(3)	Common Stock	182	\$3	37.99	25,030		D			
Stock Units	(4)	10/15/2014			A		47		(4)		(4)	Common	47	\$3	37.99	6,498		D			

Explanation of Responses:

- 1. Reflects dividends paid under the Company's Employee Stock Purchase Plan since the last report filed.
- 2. Based on 1 on 1 conversion
- 3. Reflects dividends paid on the Restricted Stock Units awarded per the Republic Services, Inc. Amended and Restated 2007 Stock Incentive Plan.
- 4. Mr. Serianni holds these stock units under the Republic Services Stock Incentive Fund ("Investment Fund") pursuant to his 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

10/17/2014

** 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.