FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | 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

| | nd Address of William J | | 2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG] | | | | | | | | | | Relationship neck all appl X Direct | icable) | ıg Per | rson(s) to Iss 10% O Other (s | wner | | | |
|--|--|--|---|---------|---|--|---|-----|---|----------|----------|------------------------------|---|---|--|---|--|----------------|--|---|
| (Last) (First) (Middle) C/O ATLAS AIR, INC. | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/15/2015 | | | | | | | | | |) | | below) | speeny |
| 2000 WESTCHESTER AVENUE (Street) PURCHASE NY 10577 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date | | | Code (Inst | | | | | | | Benefic | ies ially Following | Forn (D) c | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | С | Code | / | Amount | ount (A) or (D) | | Price | Transac | Transaction(s) (Instr. 3 and 4) | | | (111311. 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution E if any (Month/Day | Date, T | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | Amo Secu Unde Deriv | | 7. Title and Amount of Securities Underlying Derivative Security Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | rcisable | Ex Da | piration te | Title | 0 N | Amount or Number of Shares | | | | | |
| Restricted Stock Units | (1) | 10/15/2015 | | | A | | 377 | | (| (2) | | (2) | Commo | | 377 | \$42.95 | 54,339 | | I | Living Trust |
| Restricted Stock Units | (1) | 10/15/2015 | | | A | | 165 | | (| (2) | | (2) | Commo | | 165 | \$42.95 | 23,837 ⁽³ | 3) | D | |

Explanation of Responses:

- 1. Based on 1 on 1 conversion.
- 2. Dividends paid on the Restricted Stock Units awarded per the Republic Services, Inc. Amended and Restated 2007 Stock Incentive Plan.
- $3.\ A\ portion\ of\ the\ Restricted\ Stock\ Units\ are\ held\ under\ the\ Company's\ Deferred\ Compensation\ Plan.$

Remarks:

/s/ Eileen B. Schuler Attorneyin-Fact 10/19/2015

** 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.