## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	DVAL						
	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

					OI :	Section	1 30(11)	oi trie	inves	sument c	Company Act	01 1940								
											ng Symbol	sg 1		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
CASCADE INVESTMENT LLC					REPUBLIC SERVICES, INC. [ RSG ]									Direc	ctor	X	10% C	wner		
						3. Date of Earliest Transaction (Month/Day/Year) 12/09/2010								Offic	er (give title w)		Other ( below)	(specify		
(Street) KIRKLAND WA 98033 (City) (State) (Zip)					- 4. li	4. 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	eI-	Non-Deriv	/ative	Sec	uritie	s Ac	quir	ed, D	isposed o	f, or E	Benefic	ially (	Owne	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			Year)	ar) 2A. Deemed Execution Date, if any (Month/Day/Year)		e,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Beneficia		rities ficially ed Following	Form (D) o	nership : Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
							-	Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 12/09/2010				10				P		1,025,000	A	\$29.37	707 <sup>(1)</sup> 56,823,440			D				
		Та	ıble I								posed of, convertib				vned					
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, Transaction of Expiration Date or Exercise (Month/Day/Year) if any Code (Instr. Derivative (Month/Day/Year)				Date	7. Title Amour Securit Underl Derivat Securit and 4)	nt of ties ying	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)								
					Code	v	(A)	(D)	Date Exer	e rcisable	Expiration Date	Title	Amount or Number of Shares							
1. Name and Address of Reporting Person*  CASCADE INVESTMENT LLC																				

1. Name and Address of Reporting Person* <u>CASCADE INVESTMENT LLC</u>									
(Last)	(First)	(Middle)							
2365 CARILLON POINT									
(Street) KIRKLAND	WA	98033							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person*  GATES WILLIAM H III									
(Last) ONE MICROSO	(First)	(Middle)							
(Street) REDMOND	WA	98052							
(City)	(State)	(Zip)							

## **Explanation of Responses:**

1. This transaction was executed in multiple trades at prices ranging from from \$28.93 to \$29.62. 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/ Alan Heuberger, Attorneyin-fact for each of Michael Larson, Business Manager for 12/13/2010 Cascade Investment, L.L.C. and William H. Gates III /s/ William H. Gates III by 12/13/2010

<u>Alan Heuberger, Attorney-in-fact</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.