Common Stock

 \square

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See nstruction 1(b).
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPR	OVAL
OMB Number:	3235-0287
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hours per response:	0.5

				()			1,2							
1. Name and Address of Reporting Person* CASCADE INVESTMENT LLC				2. Issuer Name and Ticker or Trading Symbol <u>REPUBLIC SERVICES, INC.</u> [RSG]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
											Director	X	10% O	wner
(Last) 2365 CARILLO	(First) ON POINT	(Middle)		3. Date of Earliest Tra 06/20/2014	ansactio	n (Moi	nth/Day/Year)				Officer (give title below)		Other (below)	(specify
,(Street)				4. If Amendment, Dat	e of Orig	ginal F	iled (Month/Da	ay/Year)		6. Indiv Line)	vidual or Joint/Group) Filing (Ch	neck A	pplicable
KIRKLAND	WA	98033									Form filed by One	e Reporting	g Pers	on
		50055								X	Form filed by Mor Person	e than On	e Rep	orting
(City)	(State)	(Zip)												
		Table I - I	Non-Derivat	ive Securities A	cquir	ed, C	Disposed o	of, or E	Benef	cially	Owned			
D		2. Transaction Date (Month/Day/Yea	ar) 2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)				d 5)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			. ,

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Р

300,000

Α

\$37.5004(1)

91,512,512

D

06/20/2014

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed . 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title Amour Securi Underl Deriva Securi and 4)	nt of ties ying tive ty (Instr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

1. Name and Address of Reporting Person* <u>CASCADE INVESTMENT LLC</u>

(Last)	(First)	(Middle)	
2365 CARILLO	N POINT		
(Street)			
KIRKLAND	WA	98033	
(City)	(State)	(Zip)	
1. Name and Addres	ss of Reporting Perso	n*	
(Last)	(First)	(Middle)	
ONE MICROSC)		
(Street)			
(Street) REDMOND	WA	98052	

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$37,3400 to \$37,5900. 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 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.