## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

							Issuer Name <b>and</b> Ticker or Trading Symbol REPUBLIC SERVICES, INC. [ RSG ]									p of Reporting blicable) ctor	,	o Issuer % Owner
					3. Date of Earliest Transaction (Month/Day/Year) 09/03/2014									Offic below	er (give title w)		ner (specify ow)	
(Street) KIRKLAND WA 98033 (City) (State) (Zip)				- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line)	Form filed by One Reporting Person				
		Tabl	e I - I	Non-Deriv	/ative	Sec	uritie	s Ac	cquire	ed, D	isposed o	f, or E	Benefic	ially	Owne	ed		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea					- 1	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Beneficiall		ities ficially d Following	6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4)	of Indirect ct Beneficial Ownership
								Ī	Code	v	Amount	(A) or (D)	Price		Trans	action(s) 3 and 4)		(Instr. 4)
Common Stock 09/03/2014					014				P		153,800	A	\$39.1	712 <sup>(1)</sup> 102,362,751		D		
		Та	ble I								posed of, convertib				vned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any			Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		te Exer ration I th/Day		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Deriv Secu (Inst		9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	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 \$39.1150 to \$39.2050. 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 09/05/2014

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.