FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject to |
|--------|--|
| \neg | 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

| 1. Name and Address of Reporting Person* TRANI JOHN M | | | | | 2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG] | | | | | | | | | elationship eck all appl | , | g Per | 10% O | wner | |
|--|--|--|---|---|--|---|------|------|---------------------------------------|-----------------|---|-----------------|-------------------------------|---|--|---|----------------|---|--|
| (Last) (First) (Middle) TURNBERRY OCEAN COLONY | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/16/2018 | | | | | | | | | | | Officer (give title below) | | Other (sbelow) | specify | |
| 18201 COLLINS AVE., #3409 | | | | 4. If | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) SUNNY ISLES FL 33160 | | | _ | | | | | | | | | | 1 | Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | itate) | (Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Dispose Code (Instr. 5) | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | 5. Amor Securiti Benefic Owned Reporte | cially (D) Following (I) | | : Direct | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | ount (A) or (D) | | rice | Transac | action(s) 3 and 4) | | | (Instr. 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 Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Ex Expiration (Month/Da | Date | Amount of | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | Beneficial Ownership ct (Instr. 4) | |
| | | | | C | Code | v | (A) | (D) | Date Exercisal | | xpiration ate | Title | Amo or Num of Sha | ber | | | | | |
| Restricted Stock Units | (1) | 01/16/2018 | | | A | | 524 | | (2) | | (2) | Common Stock | 52 | 24 | \$68.09 | 104,025 ⁽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 Attorney-01/18/2018

in-Fact

** 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.