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 burd	en							
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	Sectio	n 30(h)	of the	e Investn	ment (Company Act	of 1940							
					2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG]							Relationship of Reporting Person(s) to Issuer (Check all applicable)							
(Lact) (Firet) (Middle) 3. Date					3. Date of Earliest Transaction (Month/Day/Year) 08/05/2014								Director X 10% Owner Officer (give title Other (specify below) below)					(specify	
					. 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	e I -	Non-Deriv	/ative	Sec	uritie	s Ac	cquire	d, D	isposed o	f, or E	Benefic	ially (Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Beneficially Owned Follo		rities ficially ed Following	Form: (D) or	n: Direct r Indirect	7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount	(A) or (D)	Price	Trai		eported ransaction(s) nstr. 3 and 4)			(Instr. 4)			
Common Stock 08/05/2014)14	4		P		129,228	A	\$37.9	37.9517 ⁽¹⁾		97,426,443		D		
		Та	ıble 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)	Execu	eemed ution Date, th/Day/Year)		saction e (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)		9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dir or (I)	vnership rm: 'ect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares						
		Reporting Person* ESTMENT L	<u>.LC</u>																

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

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$37.8000 to \$38.0050. 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 attorney-08/07/2014 in-fact for Michael Larson,

Business Manager

/s/ William H. Gates III by

08/07/2014

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.