FORM 4

Check this box if no longer subject Section 16. Form 4 or Form 5

obligations may continue. See

Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
---------------	------	-------

to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Walbridge Kevin						2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG]									ationship of Reporting I k all applicable) Director			10% Owner		
(Last) 18500 N	(Fi		(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/17/2011										Officer (give title Other (speci- below) below) EVP- Operations				
(Street) PHOENI (City)		tate) (85054 (Zip)		-				·		ed (Month/E	, ,		Line) X	Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - No	on-Deriv	/ative	Sec	uriti	es Ac	quired	l, Di	sposed	of, or Be	enefic	ially	Owne	d 				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)						Execution Date,			Transaction Disposed Code (Instr.		ies Acquire Of (D) (Inst		and 5) Securi Benefi Owned		ties F cially (I I Following (I		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price			action(s) 3 and 4)			(Instr. 4)	
Common Stock 10/17/20					2011	2011		A		22	A	\$28.	5307	307 2,864			D ⁽¹⁾			
		Т	able II								oosed of				wned			•	•	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deel Execution if any (Month/I	on Date,	4. Transa Code (8)		on of		6. Date Exercis Expiration Dat (Month/Day/Ye		e	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se (In	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amou or Numb of Share	er						
Stock Units	(2)	10/17/2011			A		8		(2)		(2)	Common Stock	8	4	28.58	986 ⁽²⁾		D		
Phantom Stock	(3)	10/17/2011			A		249		(3)		(3)	Common Stock	249	4	28.58	32,713 ⁽³	3)	D		

Explanation of Responses:

- 1. Reflects dividends paid under the Company's Employee Stock Purchase Plan since the last report filed.
- 2. Reflects dividend equivalents for units under the Republic Services Stock Unit Fund since the last report filed. Mr. Walbridge holds these units pursuant to his elections under the Company's Deferred Compensation Plan ("DCP"). The Republic Services Stock Unit Fund allows an executive to defer a restricted stock unit award into the DCP. All of Mr. Walbridge's units receive dividend equivalents, in the form of additional units, each time a dividend is paid on Republic's common stock.
- 3. Reflects dividend equivalents for units under the Republic Services Stock Investment Fund since the last report filed. Mr. Walbridge holds these units pursuant to his elections under the Company's Deferred Compensation Plan ("DCP"). The Republic Services Stock Investment Fund is a measurement fund under which units are equal in value to shares of Republic's common stock and are settled in cash. All of Mr. Walbridge's units receive dividend equivalents, in the form of additional units, each time a dividend is paid on Republic's common stock.

Remarks:

/s/ Eileen B. Schuler Attorney-

10/19/2011

** 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.