

OMB APPROVAL	
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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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person* <u>DelGhiaccio Brian M</u> _____ (Last) (First) (Middle) <u>C/O REPUBLIC SERVICES, INC.</u> <u>18500 N. ALLIED WAY</u> _____ (Street) <u>PHOENIX AZ 85054</u> _____ (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol <u>REPUBLIC SERVICES, INC. [ RSG ]</u>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director _____ 10% Owner _____ <input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below) _____ <u>EVP Chief Financial Officer</u>		
			3. Date of Earliest Transaction (Month/Day/Year) <u>07/15/2020</u>					
			4. If Amendment, Date of Original Filed (Month/Day/Year)			6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	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 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
<u>Common Stock</u>	<u>07/15/2020</u>		<u>A</u>		<u>18</u>	<u>A</u>	<u>\$84.3</u>	<u>3,701<sup>(1)</sup></u>	<u>D</u>	

**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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	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
<u>Restricted Stock Units</u>	<u>(2)</u>	<u>07/15/2020</u>		<u>A</u>		<u>107</u>		<u>(3)</u>	<u>(3)</u>	<u>Common Stock</u>	<u>107</u>	<u>\$84.3</u>	<u>21,964</u>	<u>D</u>	
<u>Performance Shares (PSUs)</u>	<u>(4)</u>	<u>07/15/2020</u>		<u>A</u>		<u>17</u>		<u>(4)</u>	<u>(4)</u>	<u>Common Stock</u>	<u>17</u>	<u>\$84.3</u>	<u>3,673</u>	<u>D</u>	

**Explanation of Responses:**

1. Reflects dividends paid under the Company's Employee Stock Purchase Plan since the last report filed.
2. Based on 1 on 1 conversion.
3. Reflects dividends paid on the Restricted Stock Units awarded per the Republic Services, Inc. Amended and Restated 2007 Stock Incentive Plan.
4. Reflects dividend equivalents received on earned Performance Shares ("PSUs") in accordance with the Republic Services, Inc. Amended and Restated 2007 Stock Incentive Plan and such PSUs were deferred under the Company's Deferred Compensation Plan.

**Remarks:**

Eileen B. Schuler Attorney-in-Fact 07/17/2020

\*\* 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.