FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL
OMB Number:	3235-0287
Estimated average burd	len
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

					0.	0000.0	,,, 00(,,)	01 1110	1111000	ciic	Company 7	101	0. 20.0							
					2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
CASCADE INVESTMENT LLC						<u>ELI OBLIC OBICTIONO, 1110.</u> [100]									Direc	ctor	X	10% C	wner	
(Last) (First) (Middle) I						3. Date of Earliest Transaction (Month/Day/Year) 06/19/2014										Offic below	er (give title w)		Other below)	(specify
4. If Am						4. If Amendment, Date of Original Filed (Month/Day/Year)							Ĭ	6. Individual or Joint/Group Filing (Check Applicable						
(Street) KIRKLAND WA 98033					-										Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City)	(St	ate) (Zip)																	
		Tabl	e I - I	Non-Deriv	ative	Sec	curitie	s Ad	quire	ed, C	Dispose	d 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 Followi		ities ficially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code V		Amount		(A) or (D) Price			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			06/19/20	14	P 183,			183,57	7	A	\$37.2	371 ⁽¹⁾	91	212,512		D			
		Та	ble I	I - Derivat (e.g., p						,	sposed o	,			•	vned				
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Expir	rcisable and Date 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((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)						
					Code	v	(A)	(D)	Date Exerc	cisable	Expirati e Date	on	Title	Amount or Number of Shares						
		Reporting Person* ESTMENT L	<u>.LC</u>			_														

1. Name and Address of Reporting Person* <u>CASCADE INVESTMENT LLC</u>									
(Last)	(First)	(Middle)							
2365 CARILLON I	2365 CARILLON POINT								
(Street) KIRKLAND	WA	98033							
(City)	ty) (State)								
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 \$37.1200 to \$37.3500. 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-06/23/2014 in-fact for Michael Larson,

Business Manager

/s/ William H. Gates III by

Alan Heuberger, Attorney-in-

06/23/2014

<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.