FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPI	ROVAL
OMB Number:	3235-0287
Estimated average b	urden
hours por response:	0.5

1. Name and Addre	1 0			2. Issuer Name and T REPUBLIC SE		5,		tionship of Reportin all applicable)	g Person(s) to Is	suer
CASCADE I	(First)	MILLC		3. Date of Earliest Tra 08/12/2008			_	Director Officer (give title below)		10% C Other below)	(specify
2365 CARILLO (Street)				4. If Amendment, Date	e of Original F	iled (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group	U V		
KIRKLAND (City)	WA (State)	98033 (Zip)	; 				x	Form filed by One Form filed by Mor Person		•	
	· · ·	Table I -	Non-Derivat	tive Securities A	cquired, C	Disposed of, or Benefi	cially	Owned			
1. Title of Security	(Instr. 3)		2. Transaction	2A. Deemed	3.	4. Securities Acquired (A) or	-1 5)	5. Amount of	6. Owner		7. Nature

1. The of Security (instr. 3)	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	s. Transa Code (8)		Disposed Of			Securities Beneficially	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock	08/12/2008		Р		680,991	A	\$34.8327(1)	31,395,240	D	

		Та	ble II - Deriva (e.g., p)					iired, Disp options, o							
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. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title Amour Securi Under Deriva Securi and 4)	nt of ties lying tive ty (Instr. 3	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	Amount or Number of Shares				

1. Name and Address of Reporting Person [*]
CASCADE INVESTMENT LLC

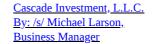
(Last)	(First)	(Middle)	
2365 CARILLO	N POINT		
(Street)			
KIRKLAND	WA	98033	
(City)	(State)	(Zip)	
1. Name and Addres	ss of Reporting Person [*]		
1. Name and Addres			
		(Middle)	
GATES WIL	LIAM H III (First)	(Middle)	
GATES WIL	LIAM H III (First)	(Middle)	
GATES WIL (Last) ONE MICROSC	LIAM H III (First)	(Middle) 98052	

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$34.40 to \$35.05. The price reported above reflects the weighted average purchase price. The reporting persons hereby undertake 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.

Remarks:

* Duly authorized under Special Power of Attorney appointing Michael Larson attorney-in-fact, dated February 3, 2006, by and on behalf of William H. Gates III, filed as Exhibit 99.1 to Cascade Investment, L.L.C.'s Amendment No. 2 to Schedule 13G with respect to Arch Capital Group Ltd. on March 7, 2006, SEC File No. 005-45257, and incorporated by reference herein.



08/14/2008

William H. Gates III By: /s/08/14/2008Michael Larson*, Attorney-In-
Fact68/14/2008

** 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.