FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL						
	OMB Number:	3235-0287						
l	Estimated average burden							
	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

						Occion	. 00(11)	01 1110	1114000	incinc C	company Act	01 10-0							
						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>== === ==============================</u>								Direc	ctor	X	10% C	wner
								3. Date of Earliest Transaction (Month/Day/Year) 08/01/2014								er (give title v)		Other (below)	(specify
(Street) KIRKLAND WA 98033 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X 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. Transactio Date (Month/Day/N					Execution Date,		e,	3. Transa Code (I 8)	ction		I. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Secur Benef	icially d Following	Forr (D)	wnership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)					(incar i)
Common Stock 08/01/2014					014	P 714,022 A \$37.7559 ⁽¹⁾ 97,150,55				150,550		D							
		Та	ble I								posed of, convertib				vned				
1. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year) (Month/Day/Year)						5. Nur of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5)	ative ities ired sed	Expir	te Exer ration D th/Day/		7. Title Amour Securi Underl Deriva Securi and 4)	it of ies ying			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	F C C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares						
		Reporting Person* ESTMENT L	LC																

1. Name and Address of Reporting Person* CASCADE INVESTMENT LLC								
(Last) 2365 CARILLON I	(Middle)							
(Street) KIRKLAND	WA	98033						
(City)	(State)	(Zip)						
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 \$37.6650 to \$37.9550. 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-08/05/2014 in-fact for Michael Larson,

Business Manager

/s/ William H. Gates III by

08/05/2014

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.