FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL
OMB Number:	3235-0287
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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	n 30(h)	of the	Inves	tment (Company Act	of 1940								
1. Name and Address of Reporting Person* <u>CASCADE INVESTMENT LLC</u>						2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) (First) (Middle) 2365 CARILLON POINT						3. Date of Earliest Transaction (Month/Day/Year) 08/22/2011										Officer (give title below) Officer (give title below)				
(Street) KIRKLAND WA 98033 (City) (State) (Zip)					- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. 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. Transaction Date (Month/Day/	Execu Year) if any		eemed ution Date, th/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Secu Bene Owne		ficially ed Following	6. Own Form: I (D) or I (I) (Inst	Direct ndirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						[Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(111501.4)			
Common	Stock			08/22/20	11				P		1,229,733	A	\$28.03	3.0342 ⁽¹⁾ 61,154,169 D						
		Та	ble I								posed of, convertib				vned					
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)		Deriv Secu (Inst			Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exer	e rcisable	Expiration Date	Title	Amount or Number of Shares							
1. Name and Address of Reporting Person* <u>CASCADE INVESTMENT LLC</u>																				

1. Name and Address of Reporting Person* <u>CASCADE INVESTMENT LLC</u>								
(Last)	(First)	(Middle)						
2365 CARILLON POINT								
(Street) KIRKLAND	WA	98033						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* <u>GATES WILLIAM H III</u>								
(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 from \$27.94 to \$28.17. 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/ Alan Heuberger, Attorneyin-fact for each of Michael Larson, Business Manager for 08/24/2011 Cascade Investment, L.L.C. and William H. Gates III

/s/ William H. Gates III by 08/24/2011

<u>Alan Heuberger, Attorney-in-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.