FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

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

					or	Section	on 30(h) c	of the	Investme	ent	Company Act	of 1940								
						2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
														Direc			X 10% C			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 12/08/2011									belo	er (give title w)		below)	(specify	
2365 CARILLON POINT																				
(Street)					4. 1	If Ame	ndment,	Date	of Origina	al F	iled (Month/Da	ay/Year)		6. Indiv Line)	idual o	or Joint/Group	Filir	ng (Check A	pplicable	
KIRKLA	.ND W.	A 9	98033	3										Form filed by One Reporting Person						
													X Form filed by More than One Reporting Person							
(City)	(St	ate) (Zip)																	
		Tabl	eI-	Non-Deriv	ative	e Se	curities	s Ac	cquired	Ι, C	Disposed o	f, or E	Benefic	ially	Owne	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yes				Execution Date,			3. Transaction Code (Instr. 8)					Beneficially Owned Foll		rities ficially ed Following	Foi (D)	Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Amount	(A) or (D) Price			Reported Transaction(s) (Instr. 3 and 4)						
Common Stock 12/08/2011				11	1			P		2,100,000	A	\$26.8	\$26.8883 ⁽¹⁾		64,654,169		D			
		Та	ble								sposed of, , convertib				vned					
1. Title of Derivative Security (Instr. 3)	of 2. 3. Transaction Date Secution Date Secution Date, or Exercise (Month/Day/Year) If any Secution Date Secution Date, or Expiration Code (Instr. Derivative (Month/Day			ion				8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)							
					Code	v	(A)	(D)	Date Exercis	able	Expiration e Date	Title	Amount or Number of Shares	1						
1. Name an	d Address of	Reporting Person*																		
CASCADE INVESTMENT LLC																				
(Loct)		(First)		(Middle)																

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* 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 from 26.49 to \$27.25. 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 attorney12/12/2011 in-fact for Michael Larson, **Business Manager** 12/12/2011

Alan Heuberger, Attorney-in-

/s/ William H. Gates III by

<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.