## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL OMB Number: 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

					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% Owne							
					3. Date of Earliest Transaction (Month/Day/Year) 09/19/2014								Offic	er (give title w)		Other below)	(specify		
(Street) KIRKLA (City)			98033 (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)							dividual or Joint/Group Filing (Check Applicable ) Form filed by One Reporting Person 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/Ye		rear)	2A. Deemed Execution Date, if any (Month/Day/Year)		Co	ansaction ode (Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		5)	Secur Bene Owne	5. Amount of Securities Beneficially Owned Following		ership Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership					
								Co	ode V	Amount	(A) or (D)	Price		Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 09/19/2014		14	P 2,000,919 A \$39.2466 <sup>(1)</sup> 106,157,8		,157,831	I	)												
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if any	Deemed uetion Date, / th/Day/Year)	4. Transaction Code (Instr. 8) Securiti Acquire (A) or Dispose of (D) (Instr. 3, and 5)		ive ies ed	Expiration Date (Month/Day/Year)		Amou Securi Under Deriva Securi	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of vative urity rr. 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) (I		Date Exercisab	Expiration le Date	ı 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) 2365 CARILLON I	(First)	(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 \$39,2225 to \$39,2600. 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 attorneyin-fact for Michael Larson,

**Business Manager** 

/s/ William H. Gates III by 09/23/2014

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.