## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Vashington, D.C. 20549
------------------------

OMB APPROVAL						
OMB Number:	3235-028					
Estimated average burden						

0.5

hours per response:

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

					UI .	Section	1 30(11)	or trie	IIIVESIIII	ent C	ompany Act	01 1940									
							2. Issuer Name <b>and</b> Ticker or Trading Symbol REPUBLIC SERVICES, INC. [ RSG ]								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) 12/10/2010									Officer (give title below)  Other (specify below)						
(Street)  KIRKLAND WA 98033  (City) (State) (Zip)					- 4. If	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							
		Tabl	e I - N	lon-Deriv	ative/	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or E	Benefic	ially	Owne	ed					
Da			2. Transact Date (Month/Day	n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			nd 5) Secu Bene Owne		icially d Following	Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 12/10/2010				010				P		580,729	A	\$29.8	36(1)	57,404,169			D				
		Та	ıble II								oosed of, convertib				vned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any			Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year		Amour Securit Underl Derivat	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of vative urity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	F C C	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
						v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares								
		Reporting Person*	T.C																		

1. Name and Address of Reporting Person*  CASCADE INVESTMENT LLC								
(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)	(First)	(Middle)						
ONE MICROSO								
(Street)								
REDMOND	WA	98052						
(City)	(State)	(Zip)						

## **Explanation of Responses:**

1. This transaction was executed in multiple trades at prices ranging from from \$29.58 to \$29.94. 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 12/14/2010 Cascade Investment, L.L.C. and William H. Gates III /s/ William H. Gates III by 12/14/2010

<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.

- $^{\star}$  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.