FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C.	20549	

TIGIOTI, D.C. 20549	OMB APPROVAL

OMB Num	nber:	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 30(h) of the Investment Company Act of 1940

					01 .	occioi	1 30(11)	or tric	IIIVCSti	none c	zompany Act	01 1340							
1. Name and Address of Reporting Person* CASCADE INVESTMENT LLC				2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
CASCE	IDE IIIV	ESTIVIENT L	الله			, <u>,</u> []								Direc	ctor	X	10% C)wner	
(Last) 2365 CA	(Fir	,	Middle))		3. Date of Earliest Transaction (Month/Day/Year) 09/02/2014									Offic below	er (give title v)		Other below)	(specify
(Street) KIRKLA (City))8033 Zip)									6. Indiv Line)	Form filed by One Reporting Person						
		Tabl	e I - N	Non-Deriv	ative	Sec	uritie	s Ac	auire	d. D	isposed o	f. or F	Senefic	ially	Own	-d			
Table I - Non-Derivat 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				on	2A. De Execu if any		ite,	3. Transac Code (li 8)	ction	4. Securities Disposed Of	Acquire	d (A) or		5. Am Secur Benef	ount of ities icially d Following	Form (D) o	vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Transaction(s)					
Common	Stock			09/02/20	114 P 69,207 A \$39.1					\$39.10	003(1)	(1) 102,208,951			D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any				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)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	O Fe D or (I)	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						
1. Name and Address of Reporting Person* CASCADE INVESTMENT LLC																			

1. Name and Address of Reporting Person* CASCADE INVESTMENT LLC								
(Last)	(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 \$39,0450 to \$39,1850. 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

09/04/2014

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.