FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	3	,	

OMB APPRO	OVAL
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	30(h)	of the	Invest	ment C	Company Act	of 1940							
1. Name and Address of Reporting Ferson					2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
CASCADE INVESTMENT LLC									<u></u> ,	11101				Direc	ctor	X	10% O	wner	
(Last) (First) (Middle) 2365 CARILLON POINT						3. Date of Earliest Transaction (Month/Day/Year) 07/28/2014										er (give title w)		Other (below)	specify
(Street) KIRKLAND WA 98033 (City) (State) (Zip)					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 - I	Non-Deriv	ative	Seci	uritie	s Ac	quire	ed, Di	isposed o	of, or E	Benefic	ially	Owne	ed			
Date				2. Transacti Date (Month/Day	Execu (Year) if any		eemed ution Date, th/Day/Year)		3. Transaction Code (Instr. 8)					d 5) Secu Bene		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price		Trans	Transaction(s) (Instr. 3 and 4)			(111511. 4)
Common Stock 07/28/2014)14				P		255,730	A	\$37.22	93,655,960			D		
		Та	ble I								oosed of, convertib				vned				
1. Title of Derivative Conversion or Exercise Price of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year) (Instr. 3) 3A. Deeme Execution if any (Month/Day Security)			ution Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			vative de urity Se r. 5) Be Ov Fo Re Tr	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form Direct or Inc (I) (In	t (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	or Numb Expiration of		Number						
		Reporting Person*																	

1. Name and Address of Reporting Person* <u>CASCADE INVESTMENT LLC</u>							
(Last)	(First)	(Middle)					
2365 CARILLON F	2365 CARILLON POINT						
(Street)							
KIRKLAND	WA	98033					
(City)	r) (State)						
1. Name and Address of Reporting Person* GATES WILLIAM H III							
(Last) ONE MICROSO	(First)	(Middle)					
·							
(Street) REDMOND	,						
(City)	(State)	(Zip)					

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$36.9850 to \$37.3000. 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 attorney-07/30/2014 in-fact for Michael Larson,

Business Manager

/s/ William H. Gates III by 07/30/2014

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.