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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPF	ROVAL
OMB Number:	3235-0287
Estimated average b	urden
hours ner response.	05

1. Name and Add	1 0		2. Issuer Name and Ticker or Trading Symbol <u>REPUBLIC SERVICES INC</u> [RSG]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner
(Last) 2365 CARILL	(First) ON POINT	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/16/2008	Officer (give title Other (specify below) below)
(Street) KIRKLAND (City)	WA (State)	98033 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person
		Table I - Non-Deriv	ative Securities Acquired, Disposed of, or Benef	ficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	09/16/2008		Р		65,304	A	\$31.9012(1)	33,195,240	D	
Tabla		Securities Acc	uirod	Dia	nocod of	or Bo		wheel		

		Ta	able II - Deriva (e.g., p					ired, Disp options, o				-			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)			vative rities ired r osed) . 3, 4	6. Date Exerc Expiration Da (Month/Day/\	ate	7. Title Amour Securi Under Deriva Securi and 4)	nt of ties lying tive ty (Instr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

1. Name and Address of Reporting Person [*]
CASCADE INVESTMENT LLC

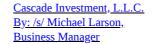
(Leet)	(First)	(Middle)	
(Last)	(First)	(Middle)	
2365 CARILLO	IN POINT		
(Street)			
KIRKLAND	WA	98033	
(City)	(State)	(Zip)	
1. Name and Addres	ss of Reporting Person	*	
1. Name and Addres	ss of Reporting Person LIAM H III	*	
		*	
		* (Middle)	
GATES WIL	LIAM H III (First)		
GATES WIL	LIAM H III (First)		
GATES WIL: (Last) ONE MICROSC	LIAM H III (First)		
GATES WIL: (Last) ONE MICROSC (Street)	LIAM H III (First) DFT WAY	(Middle)	

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$31.39 to \$32.33. The price reported above reflects the weighted average purchase price. The reporting persons hereby undertake 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.

Remarks:

* Duly authorized under Special Power of Attorney appointing Michael Larson attorney-in-fact, dated February 3, 2006, by and on behalf of William H. Gates III, filed as Exhibit 99.1 to Cascade Investment, L.L.C.'s Amendment No. 2 to Schedule 13G with respect to Arch Capital Group Ltd. on March 7, 2006, SEC File No. 005-45257, and incorporated by reference herein.



09/18/2008

William H. Gates III By: /s/09/18/2008Michael Larson*, Attorney-In-
Fact

** 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.