FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL							
	OMB Number: 3235-0287							
l	Estimated average burden							
l	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

					or	Section	on 30(h)	of the	e Investm	ent (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)						
CASCADE INVESTMENT ELC														Dire	ctor	X 10% C		Owner		
(Last) (First) (Middle) 2365 CARILLON POINT					3. Date of Earliest Transaction (Month/Day/Year) 06/17/2014								Officer (give title Other (specify below) below)							
					\vdash															
(Street)					4. 1								6. Individual or Joint/Group Filing (Check Applicable Line)							
KIRKLA	ND W	Α	98033											,	Forn	n filed by One	Reportin	g Pers	on	
														X Form filed by More than One Reporting Person						
(City)	(St	ate) (Zip)												reis	ion				
		Tabl	e I -	Non-Deriv	ative	e Se	curitie	s A	cquire	d, D	isposed c	of, or E	Benefic	ially	Owne	ed				
Date			2. Transaction Date (Month/Day/		Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Disposed Of		Beneficially Owned Fol		rities ficially ed Following	6. Owner Form: Di (D) or Inc (I) (Instr.	rect lirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	,	Amount	(A) or (D)	Price	Price		Reported Transaction(s) (Instr. 3 and 4)					
Common Stock 06/17/2014				14	4		P	P 216,8		A	\$36.9329(1)		90,778,935		D					
		Та	ble I								posed of, convertib				vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exect if any	Deemed 4. 5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)					8. Price of Derivative Security (Instr. 5)			Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares							
1. Name an	d Address of	Reporting Person*																		
		ESTMENT L	LC																	
(Lost)		(Firet)		Middle		_														

1. Name and Address of Reporting Person* <u>CASCADE INVESTMENT LLC</u>									
(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) ONE MICROSO	(First)	(Middle)							
(Street) REDMOND	WA	98052							
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Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$36.6900 to \$37.0000. 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-06/19/2014 in-fact for Michael Larson,

Business Manager

/s/ William H. Gates III by 06/19/2014

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.