FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 APPROVAL							
OMB Number:	3235-0287						
Estimated average bur	den						
hours per response:	0.5						

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1. Name and Address of Reporting Person* <u>CASCADE INVESTMENT LLC</u>				2. Issuer Name and Ticker or Trading Symbol <u>REPUBLIC SERVICES, INC.</u> [RSG]						ationship of Reportin (all applicable) Director	• • • •	lssuer Owner
(Last) 2365 CARILL	(First) ON POINT	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/22/2012						Officer (give title below)	Othe belov	(specify /)
(Street) KIRKLAND (City)	WA (State)	98033 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Indiv Line) X	vidual or Joint/Group Form filed by One Form filed by Mou Person	e Reporting Per	son
		Table I - I	Non-Derivat	tive Securities A	cquir	ed, C	Disposed o	of, or E	Beneficially	Owned		
Date			2. Transaction Date (Month/Day/Yea	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code 8)		4. Securities Disposed Of			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	:		05/22/2012	2	Р		335,709	A	\$26.5469(1)	72,493,508	D	

										I					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Amount of		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				

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

(Last)	(First)	(Middle)							
2365 CARILLON									
(Street)									
KIRKLAND	WA	98033							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person*									
GATES WILLI	<u>GATES WILLIAM H III</u>								
(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 \$26.355 to \$26.61. 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-05/24/2012 in-fact for Michael Larson, **Business Manager** /s/ William H. Gates III by 05/24/2012 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.