FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| | Check this box if no longer subject |
|--------|-------------------------------------|
| | to Section 16. Form 4 or Form 5 |
| \cup | 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

| (Last) | 1. Name and Address of Reporting Person* GOEBEL BRIAN A (Last) (First) (Middle) 18500 N. ALLIED WAY | | | | | Susuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG] Date of Earliest Transaction (Month/Day/Year) 06/09/2023 | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) CAO | | | | | |
|---|---|--|--|--|---|--|-------|--|------|-------------|--|-----------------------|----------------|----------|---|--|---|--|----------------------------|--|
| (Street) PHOENIX AZ 85054 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | ′ | | | | | | | |
| (City) (State) (Zip) Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, in satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | tract, insi | truction or wr | itten pla | an that is int | ended to | | | | | | |
| 1. Title of | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 3. | | | | | | | | | | | | | | | | | | | |
| Date (Month/Day) | | | | Execution | | | Oate, | Transaction Disposed Code (Instr. 5) | | Disposed | d Of (D) (Instr. | | | | | Form: Direct (D) or Indirect (I) (Instr. 4) | | of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | | rice | | rted action(s) 3 and 4) | | | | |
| Common | 2023 | | | | G | | 351 | Ι |) 9 | \$0.00 | | 0 | | D | | | | | | |
| Common Stock 06/09/20 | | | | | | 2023 | | | | | 351 | A | 1 5 | \$0.00 | | ⁷ ,414 ⁽¹⁾ | | | By Trust ⁽²⁾ | |
| 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) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | | saction le (Instr. S. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | Amount of Securities Underlying Derivative Security (Instr. 3 and | | nt er | | | | 10. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. Includes prior gift transfers by Reporting Person to revocable trust of which the Reporting Person and his spouse are trustees.
- 2. On June 9, 2023, the Reporting Person transferred 351 shares of Republic Services, Inc. common stock to a revocable trust of which the Reporting Person and his spouse are trustees.

Remarks:

/s/ Lauren McKeon, Attorney-06/13/2023 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.