FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Λ | /as | hing | ton, | D.C. | 205 | 49 |  |
|---|-----|------|------|------|-----|----|--|
|   |     |      |      |      |     |    |  |

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| 1. Name and Address of Reporting Person*  Snee James P        |  |            |  | 2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [ RSG ] |   |  |          |  |                     |   |  | 5. Relationship of Reporting (Check all applicable)  X Director  |  |  | ) Perso  | on(s) to Iss<br>10% Ow  |  |           |       |
|---|--|------------|--|---|---|--|----------|--|---------------------|---|--|--|--|--|--|-------------------------|--|-----------|-------|
| (Last)  | (Fi  | rst)       | (Middle)   |   | 3. Date of Earliest Transaction (Month/Day/Year) 10/13/2023 |  |          |  |                     |   |  |  | Officer<br>below)                                      | (give title  |  | Other (s<br>below)      | pecify   |           |       |
| 1 HORMEL PLACE  |  |            |  |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |  |          |  |                     |   |  | 6. Individual or Joint/Group Filing (Check Applicable Line)  |  |  |  |                         |  |           |       |
| (Street)  |  |            |  |   |   |  |          |  |                     |   |  |  | X Form filed by One Reporting Person                   |  |  |                         |  |           |       |
| AUSTIN  | M  | N          | 55912  |   |   |  |          |  |                     |   |  |  |  |  | Form Perso   | filed by More<br>n      | than   | One Repor | rting |
| (City) (State) (Zip)  |  |            |  |   | Rule 10b5-1(c) Transaction Indication                       |  |          |  |                     |   |  |  |  |  |  |                         |  |           |       |
|   |  |            | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |   |   |  |          |  |                     |   |  |  |  |  |  |                         |  |           |       |
|   | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |            |  |   |   |  |          |  |                     |   |  |  |  |  |  |                         |  |           |       |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |  |            |  |   | Execution Date,   |  | Code (In | Transaction Dispose Code (Instr. 5)  |                     | ities Acquired (A) or<br>d Of (D) (Instr. 3, 4 an |  |  | 5. Amou<br>Securitie<br>Benefici<br>Owned F<br>Reporte | es Forn<br>ally (D) o<br>Following (I) (Ir                               |  | Direct Cluber of tr. 4) | r. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>Instr. 4) |           |       |
|   |  |            |  |   |   |  |          |  | Code                | v   | Amount   | (A) (D)  | Prio   | Trancacti  |  | tion(s)                 |  | msu. 4)   |       |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |            |  |   |   |  |          |  |                     |   |  |  |  |  |  |                         |  |           |       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any  |            | I.<br>Transa<br>Code (I  | action of E   |   | 5. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |          | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |                     | S<br>(I   | B. Price of<br>Derivative<br>Gecurity<br>Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                         |  |           |       |
|   |  |            |  | c   | Code  | v  | (A)      | (D)  | Date<br>Exercisable |   | opiration<br>ate                                   | Title  | Amou<br>or<br>Numb<br>of<br>Share                      | er   |  |                         |  |           |       |
| Restricted<br>Stock<br>Units                                  | (1)  | 10/13/2023 |  |   | A   |  | 22       |  | (2)                 |   | (2)  | Common<br>Stock  | 22   |  | \$147.35   | 6,134                   |  | D         |       |

## **Explanation of Responses:**

- 1. Based on 1 on 1 conversion.
- 2. Dividends paid on the Restricted Stock Units awarded per the Republic Services, Inc. 2021 Stock Incentive Plan.

## Remarks:

/s/ Lauren McKeon Attorney-

in-Fact

10/17/2023

\*\* Signature of Reporting Person

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.