FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | VAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
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| 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 | 1 30(n) (| or tne | inve | estment | 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 LLC | | | | | | | | | | | | | Director X 10% Ow | | | |)wner | | | |
| (Last) (First) (Middle) 2365 CARILLON POINT | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/17/2014 | | | | | | | | | Offic belov | er (give title w) | | Other below) | (specify | | |
| (Street) KIRKLAND WA 98033 (City) (State) (Zip) | | | | - 4. li | 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 | | | | | | | |
| | | Tabl | e I - | Non-Deriv | ative | e Sec | uritie | s Ac | qui | ired, D | Disposed o | of, or E | Benefic | ially (| Owne | ed | | | | |
| Date | | | 2. Transaction Date (Month/Day/) | /ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | e, 1 | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | 5) | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | G | Code | v | Amount | (A) or (D) | Price | | Trans | Transaction(s) Instr. 3 and 4) | | | (Instr. 4) | | |
| Common Stock 09/17/2014 | | | | | | | | P | | 1,290,200 | A | \$39.2 | 589 ⁽¹⁾ 104,150,012 | | | D | | | | |
| | | Та | ble I | | | | | | | | posed of, , convertib | | | | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ise (Month/Day/Year) if any (Month/Day/Year) Code (Instr. Derivative Securities Code (Instr. C | | nt of ties ying | 8. Price Derivating Security (Instr. 5) | | ive derivative y Securities | | 0. Ownership Form: Direct (D) or Indirect () (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | | | | | |
| | | | | | Code | v | (A) | (D) | Dai Exc | te ercisable | Expiration e Date | Title | Amount or Number of Shares | 1 | | | | | | |
| | | Reporting Person* ESTMENT L | LC | | | | | | | | | | | | | | | | | |

| 1. Name and Address of Reporting Person* <u>CASCADE INVESTMENT LLC</u> | | | | | | | | |
|--|---------|----------|--|--|--|--|--|--|
| (Last) | (First) | (Middle) | | | | | | |
| | | | | | | | | |
| (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 | | | | | | |
| (City) | (State) | (Zip) | | | | | | |

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$39,2550 to \$39,2700. 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 attorneyin-fact for Michael Larson,

Business Manager

/s/ William H. Gates III by

09/19/2014

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.