FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIA	L OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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

					<u> </u>	Occiloi	. 00()	01 1110	, 1114 COUIT	ioni (Sompany Act	01 1040									
							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															Dire	ctor	X	10% C)wner		
(Last) (First) (Middle) I						3. Date of Earliest Transaction (Month/Day/Year) 09/15/2014									Offic below	er (give title w)		Other (specify below)			
					4. If	f Amen	dment,	Date	of Origin	nal Fi	led (Month/Da	ay/Year)			idual c	r Joint/Group	Filing	(Check A	pplicable		
(Street) KIRKLAND WA 98033 (City) (State) (Zip)												Line)	Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(5)																				
		Tabl	e I - I	Non-Deriv	ative	Sec	uritie	s A	cquire	d, D	isposed o	f, or E	Benefic	ially (Owne	ed					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			d 5) Securi Benefi Owned		ficially ed Following	Form:	nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code V		Amount	(A) or (D) Price			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock			09/15/20)14				P		161,300	A	\$39.1	149 ⁽¹⁾	102,857,171			D			
		Та	ble I	I - Derivat (e.g., p	ive S uts, c	ecur alls,	ities . warr	Acq ants	uired, s, optic	Dis ons,	posed of, convertib	or Bei	neficia curities	lly Ov	vned						
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Conversion or Exercise Price of Derivative Security Conversion Date Conversion Date		ution Date,	4. Transa Code (8)				Expiration (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deriv Secu (Inst		ative derivative ity Securities		vnership rm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares								
		Reporting Person* ESTMENT I	LC											·			-				

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)	(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 \$39,0950 to \$39,1150. 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

09/17/2014

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.