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. <i>See</i> 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 APPRC	VAL
OMB Number:	3235-0287
Estimated average burd	en
hours per response:	0.5

	ess of Reporting Pers		2. Issuer Name and <u>REPUBLIC S</u>		0)		tionship of Reportin all applicable) Director	• • • •	o Issuer % Owner
(Last) 2365 CARILLO	(First) ON POINT	(Middle)	3. Date of Earliest T 08/19/2014	ransaction (Mo	nth/Day/Year)		Officer (give title below)		ner (specify ow)
			4. If Amendment, Da	ate of Original F	iled (Month/Day/Year)		idual or Joint/Group	Filing (Che	k Applicable
(Street) KIRKLAND	WA	98033	_			Line)	Form filed by One Form filed by Mor Person		
(City)	(State)	(Zip)					r eison		
	т	able I - Non-Deriv	vative Securities	Acquired, [Disposed of, or Benefi	cially	Owned		
1. Title of Security	/ (Instr. 3)	2. Transacti Date (Month/Day	Execution Date,	3. Transaction Code (Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and	d 5)	5. Amount of Securities Beneficially	6. Ownersh Form: Direc (D) or Indire	t of Indirect

	Date (Month/Day/Year)	if any '	Transa Code (8)		Disposed Of ((D) (Instr	3, 4 and 5)	Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130. 4)
Common Stock	08/19/2014		Р		583,800	A	\$39.1607(1)	100,334,844	D	

		Ta	able II - Deriva (e.g., p					ired, Disp options, o	-			-			
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. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	6. Date Exerc Expiration D (Month/Day/)	ate	7. Title Amour Securi Under Deriva Securi and 4)	nt of ties lying tive ty (Instr. 3	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				

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

(Last)	(First)	(Middle)
2365 CARILLON	POINT	
(Street)		
KIRKLAND	WA	98033
(City)	(State)	(Zip)
1. Name and Address	of Reporting Person [*]	
GATES WILLI	<u>AM H III</u>	
(Last)	(First)	
(2000)	(11131)	(Middle)
ONE MICROSO		(Middle)
. ,	(1115)	(Middle)
ONE MICROSO	WA	(Middle) 98052

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$39,1000 to \$39,2250. 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 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.