## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL						
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 obligations may continue. See Instruction 1(b).

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

						Ocolion	1 00(11)	01 1110	1111000	none c	ompany Act	01 10-10							
					REPUBLIC SERVICES, INC. [ RSG ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
CASCADE INVESTMENT LLC						<u></u>									Direc	ctor	3	10% C	wner
							3. Date of Earliest Transaction (Month/Day/Year) 09/09/2014								Offic belov	er (give title w)		Other (below)	(specify
(Street)  KIRKLAND WA 98033  (City) (State) (Zip)						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					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye					Execution Date,		te,	3. Transa Code (I 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			d 5) Secu Bene		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code V		Amount	(A) or (D)			Transaction(s) (Instr. 3 and 4)			(	
Common	Stock			09/09/20	014				P		39,500	A	\$39.18	19 <sup>(1)</sup> 102,481,640				D	
		Та	ble I								posed of, convertib				vned				
1. Title of Derivative Security (Instr. 3)	erivative ecurity nstr. 3)  Conversion or Exercise Price of Derivative Security  Date (Month/Day/Year)  Price of Derivative Security  Date (Month/Day/Year)  (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  Final Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  Final Execution Date, if any (Month/Day/Year)  October 10				5. Number of Derivative Securites Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)						8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	F [	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares	1					
1. Name and Address of Reporting Person*  CASCADE INVESTMENT LLC																			

1. Name and Address of Reporting Person* <u>CASCADE INVESTMENT LLC</u>									
(Last)	(First)	(Middle)							
2365 CARILLON POINT									
(Street) KIRKLAND	,								
(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 \$39,1750 to \$39,2000. 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

09/11/2014

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.