FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

l	OMB APPRO	VAL					
	OMB Number:	3235-0287					
l	Estimated average burden						
	hours per response:	0.5					
ı	flours per response.	0.					

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

					OI -	Section	1 30(11)	or trie	invest	ment C	company Act	01 1940										
							2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle) 2365 CARILLON POINT						3. Date of Earliest Transaction (Month/Day/Year) 12/08/2010										Director X 10% Owner Officer (give title Other (specify below)						
(Street) KIRKLAND WA 98033 (City) (State) (Zip)					- 4. I	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	Sec	uritie	s Ac	quire	ed, D	isposed o	f, or E	Benefic	ially	Owne	ed						
Date				2. Transacti Date (Month/Day		Execution		te,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			I 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)	Price		Trans	Transaction(s) (Instr. 3 and 4)			(11311. 4)			
Common Stock 12/08/2010					010				P		394,271	A	\$28.75	518 ⁽¹⁾	8 ⁽¹⁾ 55,798,440			D				
		Та	ble I								posed of, convertib				vned							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			rative de rity Se	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Or Fo Di or (I)	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									
		Reporting Person* ESTMENT L	LC																			

1. Name and Address of Reporting Person* <u>CASCADE INVESTMENT LLC</u>									
(Last)	st) (First)								
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 from \$28.47 to \$28.885. 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/ Alan Heuberger, Attorneyin-fact for each of Michael Larson, Business Manager for 12/10/2010 Cascade Investment, L.L.C. and William H. Gates III /s/ William H. Gates III by 12/10/2010

<u>Alan Heuberger, Attorney-in-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.