| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | Check this box if no longer subject to |
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| 1 | Section 16. Form 4 or Form 5 |
| | obligations may continue. See |
| | Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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| | | | or Section 30(n) of the investment Company Act of 1940 | | | | | | | |
|--|------------------------|----------|--|-------------------|--|-----------------------|--|--|--|--|
| 1. Name and Address of Reporting Person* | | | 2. Issuer Name and Ticker or Trading Symbol <u>REPUBLIC SERVICES, INC.</u> [RSG] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| Flynn will | <u>Alynn William J</u> | | ,,,,,,,,,, | X | Director | 10% Owner | | | | |
| (Last) C/O ATLAS | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 10/14/2016 | | Officer (give title below) | Other (specify below) | | | | |
| | ESTCHESTER AVENUE | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | vidual or Joint/Group Fil | ing (Check Applicable | | | | |
| (Street) | | | | x | Form filed by One Re | eporting Person | | | | |
| PURCHASE | NY | 10577 | | | Form filed by More th Person | an One Reporting | | | | |
| (City) | (State) | (Zip) | | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 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 | | Price | Transaction(s) (Instr. 3 and 4) | | | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 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) | | of | | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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 | | | | |
| Restricted Stock Units | (1) | 10/14/2016 | | A | | 355 | | (2) | (2) | Common Stock | 355 | \$49.82 | 55,741 | I | Living Trust |
| Restricted Stock Units | (1) | 10/14/2016 | | A | | 135 | | (2) | (2) | Common Stock | 135 | \$49.82 | 21,289 ⁽³⁾ | D | |

Explanation of Responses:

1. Based on 1 on 1 conversion.

2. Dividends paid on the Restricted Stock Units awarded per the Republic Services, Inc. Amended and Restated 2007 Stock Incentive Plan.

3. A portion of the Restricted Stock Units are held under the Company's Deferred Compensation Plan.

Remarks:

/s/ Eileen B. Schuler Attorney-<u>10/17/2016</u> in-Fact

** 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.