FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average b | ourden | | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to 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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>Serianni Charles F</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG] | | | | | | | | | all appl Direct | icable) or | ıg Peı | rson(s) to Is | wner |
|--|---|--|---|---------|------------------------------|---|---|----------------------------------|--|----|--|--|--|-------------|---|--|--|--|--|
| (Last) 18500 N | ast) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/16/2013 | | | | | | | | | r (give title) P & Chie | Other (s below) of Acct. Officer | | |
| (Street) PHOEN | | | 85054 (Zip) | | 4. 11 | l. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | . Indivine) | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - No | on-Deri | vative | e Sec | curiti | es Ac | quired, | Di | sposed | of, or Be | eneficia | ally | Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date | | | 2. Transa Date (Month/D | | Exe) if a | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transact Code (In 8) | | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | | ies cially 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 | | Reported Transaction(s) (Instr. 3 and 4) | | | | |
| Common Stock 01/16/2 | | | | /2013 | 013 | | A | | 9 | A | \$30.4 | 4285 | | 1,212 | | D ⁽¹⁾ | | | |
| | | Т | able II | | | | | | | | osed of converti | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deel Execution if any (Month/I | | 4. Transa Code (8) | | on of I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | De Se | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Phantom Stock | (2) | 01/16/2013 | | | A | | 42 | | (2) | | (2) | Common Stock ⁽²⁾ | 42 | \$ | 30.25 | 5,361 | | D | |

Explanation of Responses:

- 1. Reflects dividends paid under the Company's Employee Stock Purchase Plan since the last report filed.
- 2. Represents phantom stock units in the Republic Services Stock Investment Fund held under the Company's Deferred Compensation Plan (the "Plan"). Each share of phantom stock is the economic equivalent of one share of the Company's common stock. Quarterly dividend equivalents are credited to the account. The distribution of phantom stock will become payable in cash in accordance with the provisions of the Plan.

Remarks:

/s/ Eileen B. Schuler Attorneyin-Fact

01/18/2013

** 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.