FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|---|---------|--------------------------------------|---|--------------|------------------|--|-----|-------------------|--|--------------------------------|---|--|---|---|---|---|
| LARSON MICHAEL | | | | | I^{-} | TELL OPPLIES PRINTED, TIVE, [1000] | | | | | | | | X | Direct | or | | 10% O | vner |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/17/2017 | | | | | | | | | Office below | r (give title) | | Other (s below) | specify |
| 2365 CARILLON POINT | | | | | | | | | | | | | | | | | | | |
| - | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | NID TO | | 00000 | | | | | | | | | | | <u> </u> | Form | filed by One | Rep | orting Perso | n |
| KIRKLA | AND W | A | 98033 | | | | | | | | | | | | Form Perso | filed by Mor | e thar | n One Repo | rting |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | 1-Deriv | ative | Sec | curitie | es Ac | cauired. | Dis | posed | of. or B | enef | cially | v Owne | q | | | |
| | | | | | | _ | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date | | | Code (Instr. 5) | | | | , 4 and Securit | | ties For | | n: Direct r Indirect | 7. Nature of Indirect Beneficial Ownership | |
| | | | | ` | | (| | · ´ | Code V | | nt (A) or P | | rice | Reporte Transac | ed ction(s) | (, (| | (Instr. 4) | |
| | | | | | | | | | | | Amount (A) or (D) | | | | (Instr. 3 and 4) | | | | |
| | | Т | able II - I | | | | | | uired, D s, option | | | | | | Owned | | | | |
| | • | | 1 | | | | - | _ | | | | | | | | | . | | 44.41. |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transactic Code (Inst 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | [S | 3. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4) | Ownersh Form: Direct (D or Indirect (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | epiration ate | Title | Amo or Num of Shai | ber | | | | | |
| Restricted Stock | (1) | 04/17/2017 | | | A | | 248 | | (2) | | (2) | Common Stock | 24 | 8 | \$62.77 | 48,755 | | 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.

Remarks:

/s/ Eileen B. Schuler Attorney-

04/19/2017

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.