FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average I	hurden						

Check this box i	if no longer subject to
Section 16. For	m 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

hours per response: 0.5

							. ,													
Name and Address of Reporting Person* CASCADE INVESTMENT LLC					2. Issuer Name and Ticker or Trading Symbol REPUBLIC SERVICES, INC. [RSG]									Relationship of Reporting Person(s) to Issuer (Check all applicable)						
CROCRDE III V ESTIMENT EEC														Direc	ctor	>	X 10% C	Owner		
(Last) (First) (Middle) 2365 CARILLON POINT						3. Date of Earliest Transaction (Month/Day/Year) 07/31/2012										Offic belov	er (give title w)		Other below)	(specify
(Street) KIRKLA (City)			98033 Zip)	3	4.1	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		:e,			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		5) Secui Bene		ficially ed Following	Forr (D)	ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	le V	Amount		(A) or (D) Price			Transaction(s) (Instr. 3 and 4)				()	
Common Stock 07/31/201			12						2,004,	512	A	\$28.7	328 ⁽¹⁾	74,700,905			D			
	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)	Exec if any	Deemed ution Date, / th/Day/Year)		ransaction of ode (Instr. Derivat			Expiration Date e (Month/Day/Year) s				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Deriv Secu (Insti		9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	F C C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)		ate xercisable	Expira Date	ation	Title	Amount or Number of Shares						
Name and Address of Reporting Person*																				

1. Name and Address of Reporting Person* <u>CASCADE INVESTMENT LLC</u>									
(Last)	(First)	(Middle)							
2365 CARILLON POINT									
(Street) KIRKLAND	WA	98033							
(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 \$28.34 to \$28.95. 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 attorney-08/02/2012

in-fact for Michael Larson,

Business Manager

/s/ William H. Gates III by 08/02/2012

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.