FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

1. Name and Address of Reporting Person*				2. Issuer Name and T REPUBLIC SE		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
CASCADE INVESTMENT LLC			ľ					Director	Х	10% C	Wner
(Last) 2365 CARILLO	(First) N POINT	(Middle)		3. Date of Earliest Tra 09/05/2014		Officer (give title below)		Other below)	(specify		
(Street) KIRKLAND (City)	WA (State)	98033 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)				idual or Joint/Group Form filed by One Form filed by Mor Person	e Report	ting Pers	on
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1. Title of Security	(Instr. 3)		2. Transaction	2A. Deemed	3.	4. Securities Acquired (A) or	4.5	5. Amount of	6. Own		7. Nature

	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transa Code (8)		tion Disposed Of (D) (Ins		. 3, 4 and 5)	Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock	09/05/2014		Р		50,000	A	\$39.0556 ⁽¹⁾	102,429,540	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)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8) 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)		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				

1. Name and Address of Reporting Person *						
CASCADE INVESTMENT LLC						

(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)	(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 \$39,0050 to \$39,0950. 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-
in-fact for Michael Larson,
Business Manager09/09/2014/s/ William H. Gates III by
Alan Heuberger, Attorney-in-09/09/2014

<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.