

# SECURITIES AND EXCHANGE COMMISSION

## FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2009-01-26** | Period of Report: **2009-01-22**

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### REPORTING OWNER

#### **GATES WILLIAM H III**

CIK: **902012**

Type: **4** | Act: **34** | File No.: **001-14267** | Film No.: **09545900**

Mailing Address

*ONE MICROSOFT WAY  
REDMOND WA 98052*

Business Address

*4258828080*

### ISSUER

#### **REPUBLIC SERVICES, INC.**

CIK: **1060391** | IRS No.: **650716904** | State of Incorp.: **DE** | Fiscal Year End: **1231**

SIC: **4953** Refuse systems

Mailing Address

*18500 N. ALLIED WAY  
PHOENIX AZ 85054*

Business Address

*18500 N. ALLIED WAY  
PHOENIX AZ 85054  
480 627 2700*

#### **CASCADE INVESTMENT LLC**

CIK: **1052192** | State of Incorp.: **WA** | Fiscal Year End: **1231**

Type: **4** | Act: **34** | File No.: **001-14267** | Film No.: **09545901**

Mailing Address

*2365 CARILLON POINT  
KIRKLAND WA 98033*

Business Address

*2365 CARILLON POINT  
KIRKLAND WA 98033  
4258030720*

# FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### OMB APPROVAL

OMB Number: 3235-0287  
 Expires: 02/28/2011  
 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).

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person <b>CASCADE INVESTMENT LLC</b>			2. Issuer Name and Ticker or Trading Symbol <b>REPUBLIC SERVICES, INC. [RSG]</b>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) <b>01/22/2009</b>			6. Individual or Joint/Group Filing (Check applicable line) <input type="checkbox"/> Form Filed by One Reporting Person <input checked="" type="checkbox"/> Form Filed by More than One Reporting Person		
2365 CARILLON POINT  (Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					
KIRKLAND, WA 98033  (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)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock	01/22/2009		P		488,500	A	\$25.495 <sup>(1)</sup>	41,582,074	D	
Common Stock	01/22/2009		P		11,500	A	\$26.0322 <sup>(2)</sup>	41,593,574	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)		5. Number of Derivative Securities 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 of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		Date Exercisable	Expiration Date					

#### Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other

<a href="#">CASCADE INVESTMENT LLC</a> 2365 CARILLON POINT KIRKLAND, WA 98033		X		
<a href="#">GATES WILLIAM H III</a> ONE MICROSOFT WAY REDMOND, WA 98052		X		

**Explanation of Responses:**

1. This transaction was executed in multiple trades at prices ranging from \$25.02 to \$26.015. The price reported above reflects the weighted average purchase price. 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.
2. This transaction was executed in multiple trades at prices ranging from \$26.02 to \$26.10. The price reported above reflects the weighted average purchase price. 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.

**Remarks:**

\* Duly authorized under Special Power of Attorney appointing Michael Larson attorney-in-fact, dated February 3, 2006, by and on behalf of William H. Gates III, filed as Exhibit 99.1 to Cascade Investment, L.L.C.'s Amendment No. 2 to Schedule 13G with respect to Arch Capital Group Ltd. on March 7, 2006, SEC File No. 005-45257, and incorporated by reference herein.

**Signatures**

Cascade Investment, L.L.C. By: /s/ Michael Larson, Business Manager

01/26/2009

William H Gates III By: /s/ Michael Larson\*, Attorney-In-Fact

01/26/2009

\*\* 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.**