Edgar Filing: REPUBLIC SERVICES, INC. - Form 4

| REPUBLIC Form 4 February 20 FORM Check th if no lon subject to Section Form 4 Form 5 obligation may com <i>See</i> Insta 1(b). | A 4 UNITED STA use of the section 17(a) o | W T OF CHA at to Section | ashington NGES IN SECUI 16(a) of tl Utility Hol | h, D.C. 20 BENEF RITIES ne Securi Iding Col | 0549 FICIA ities H mpan | AL OWN Exchange by Act of | | OMB Number: Expires: Estimated a burden hour response | | | |
|--|---|--|---|---|--|------------------------------------|--|---|---|--|--|
| (Print or Type | Responses) | | | | | | | | | | |
| RODRIGUEZ RAMON A Symbol | | | BLIC SERVICES, INC. | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) 509 ROYA | Pate of Earliest Transaction onth/Day/Year) 19/2015 | | | | X_ Director10% Owner Officer (give titleOther (specify below) below) | | | | | | |
| | | | | vate Origin r) | al | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person | | | | |
| (City) | (State) (Zip) | Та | ble I - Non- | Derivative | e Secu | rities Acqu | iired, Disposed of | , or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | (Month/Day/Year) Example | ansaction Date 2A. Deemed hth/Day/Year) Execution Date, if any (Month/Day/Year) | | | | cquired d of (D) 5) Price | 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) | | |
| Common Stock | 02/19/2015 | | S | 2,100 | D | \$ 40.761 | 6,170 | D | | | |
| Common Stock | 02/19/2015 | | S | 4,200 | D | \$ 40.75 | 1,970 | D | | | |
| Common Stock | 02/19/2015 | | S | 870 | D | \$ 40.751 | 1,100 | D | | | |
| Common Stock | 02/19/2015 | | S | 200 | D | \$ 40.755 | 900 | D | | | |
| Common Stock | 02/19/2015 | | S | 900 | D | \$ 40.76 | 0 | D | | | |

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exer | cisable and | 7. Title | and | 8. Price of | 9. Nu |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------------|--------------------|-----------|--------------------|-------------|--------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | onNumber | Expiration D | ate | Amoun | t of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Underly | ying | Security | Secu |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Securiti | ies | (Instr. 5) | Bene |
| | Derivative | | | | Securities | | | (Instr. 3 | 3 and 4) | | Owne |
| | Security | | | | Acquired | | | | | | Follo |
| | | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | A | Amount | | |
| | | | | | | Date Exercisable | Expiration Date | Title N | or Number of | | |

Code V (A) (D)

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| RODRIGUEZ RAMON A 509 ROYAL PLAZA DRIVE FORT LAUDERDALE, FL 33301 | Х | | | | | |
| Signatures | | | | | | |
| /s/ Eileen B. Schuler Attorney-in-Fact | 0 | 2/20/2015 | | | | |
| **Signature of Reporting Person | | Date | | | | |

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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