HOLMES TOD C Form 4 April 17, 2009

# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 300

Number: 3235-0287

**OMB APPROVAL** 

Expires: January 31, 2005

0.5

Estimated average burden hours per response...

Form filed by More than One Reporting

Person

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may continue. See Instruction

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(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * HOLMES TOD C |         |          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer        |  |  |  |
|--|---------|----------|--|---|--|--|--|
|  |         |          | REPUBLIC SERVICES, INC.<br>[RSG]                   | (Check all applicable)                                  |  |  |  |
| (Last)   | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year)   | Director 10% OwnerX_ Officer (give title Other (specify |  |  |  |
| 18500 N. ALLIED WAY                                    |         | •        | 04/15/2009   | below) below) Sr.VP/Chief Financial Officer             |  |  |  |
| (Street)   |         |          | 4. If Amendment, Date Original                     | 6. Individual or Joint/Group Filing(Check               |  |  |  |
|  |         |          | Filed(Month/Day/Year)                              | Applicable Line) _X_ Form filed by One Reporting Person |  |  |  |

| D | ITO | TANT | TV  | A 77 | 050  | 75.4 |
|---|-----|------|-----|------|------|------|
| М | пU  | רוסי | IA. | AZ   | 0.31 | 1.)4 |

| (City)                               | (State)                                 | (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |  |         |             |  |  |   |  |
|--------------------------------------|---|--|--|--|---------|-------------|--|--|---|--|
| 1.Title of<br>Security<br>(Instr. 3) | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year)                            | 3.<br>Transactio<br>Code<br>(Instr. 8) | 4. Securities<br>onor Disposed<br>(Instr. 3, 4 | d of (Ľ | <b>)</b> )  | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common<br>Stock                      | 04/15/2009                              |  | A                                      | 23   | A       | \$<br>19.11 | 2,322 (1)  | D  |   |  |
| Common<br>Stock                      | 03/02/2009                              |  | G V                                    | 132,000<br>(2)                                 | D       | \$ 0        | 99,274   | D  |   |  |
| 401(k)                               | 04/15/2009                              |  | A                                      | 26   | A       | \$<br>20.03 | 2,779  | I  | 401(k) (3)  |  |

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

#### Edgar Filing: HOLMES TOD C - Form 4

#### 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 Exerc | cisable and     | 7. Titl      | e and    | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------|-----------------|--------------|----------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transactio | onNumber   | Expiration Da | ate             | Amou         | nt of    | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code       | of         | (Month/Day/   | Year)           | Under        | lying    | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) | Derivative | e             |                 | Securi       | ities    | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |            | Securities |               |                 | (Instr.      | 3 and 4) |             | Owne   |
|             | Security    |                     |                    |            | Acquired   |               |                 |              |          |             | Follo  |
|             |             |                     |                    |            | (A) or     |               |                 |              |          |             | Repo   |
|             |             |                     |                    |            | Disposed   |               |                 |              |          |             | Trans  |
|             |             |                     |                    |            | of (D)     |               |                 |              |          |             | (Instr |
|             |             |                     |                    |            | (Instr. 3, |               |                 |              |          |             |        |
|             |             |                     |                    |            | 4, and 5)  |               |                 |              |          |             |        |
|             |             |                     |                    |            |            |               |                 |              | A        |             |        |
|             |             |                     |                    |            |            |               |                 |              | Amount   |             |        |
|             |             |                     |                    |            |            | Date          | Expiration      | TC:41        | or       |             |        |
|             |             |                     |                    |            |            | Exercisable   | xercisable Date | Title Number |          |             |        |
|             |             |                     |                    | G 1 17     | (A) (D)    |               |                 |              | of       |             |        |
|             |             |                     |                    | Code V     | (A) (D)    |               |                 |              | Shares   |             |        |

### **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

HOLMES TOD C 18500 N. ALLIED WAY PHOENIX, AZ 85054

Sr.VP/Chief Financial Officer

### **Signatures**

/s/ Jo Lynn White Attorney-In-Fact 04/17/2009

\*\*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).
- (1) Total reflects dividends paid under the Employee's Stock Purchase Plan since the last report filed.
- (2) Total reflects voluntary disclosure of gifts of shares made to family members in which Mr. Holmes does not retain direct or indirect beneficial ownership.
- (3) Total reflects dividends paid under the Company's 401(k) Plan since the last report filed.

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.

Reporting Owners 2