SEC Form 4	
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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person [*] Ellingsen Catharine D				er Name and Ticke UBLIC SERV	0		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) 18500 N. ALL	(First) JED WAY	(Middle)	3. Date 07/15	e of Earliest Transa /2024	ction (Month/E	Day/Year)	~	Officer (give title below) EVP/Chief L	below	,			
,			4. If An	nendment, Date of	Original Filed	(Month/Day/Year)	6. Indiv Line)	idual or Joint/Grou	p Filing (Check A	Applicable			
(Street) PHOENIX	AZ	85054						Form filed by On Form filed by Mo Person					
(City)	(State)	(Zip)	Rule	Rule 10b5-1(c) Transaction Indication									
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									ded to			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1. Title of Security (Instr. 3) 2. Transacti Date (Meeth/Date				2A. Deemed Execution Date,	3. Transaction			5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect			

			(Month		f any Month/Day/Yea		instr.	5)			Owned Following (I) (Instr. 4)			4)	Ownership	
						Code	v	Amount	(A) or (D)	Price	Reported (Instr. 4) Transaction(s) (Instr. 3 and 4)				(1150. 4)	
	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)	Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any Code (Instr. Derivative (Month		Expiration	piration Date An onth/Day/Year) Se		Amount of Securities		8. Price of Derivative Security (Instr. 5) 8. Number derivative Securities Beneficial		Ow For	nership	11. Nature of Indirect Beneficial Ownershi				

Date Exercisable

(2)

(4)

Expiration Date

(2)

(4)

Acquired

(A) or Disposed

of (D) (Instr. 3, 4 and 5)

(A) (D)

37

55

Explanation of Responses:

(1)

(4)

Derivative

Security

1. Based on 1 on 1 conversion

2. Reflects dividends paid on the Restricted Stock Units awarded per the Republic Services, Inc. 2021 Stock Incentive Plan.

3. A portion of the Restricted Stock Units are held under the Company's Deferred Compensation Plan.

4. Ms. Ellingsen holds these stock units under the Republic Services Stock Investment Fund ("Investment Fund") pursuant to her election under the Company's Deferred Compensation Plan. The Investment Fund is a measurement fund under which units are equal in value to shares of the Company's common stock and are settled in cash and receive dividend equivalents, in the form of additional stock units, each time a dividend is paid on the Company's common stock.

Remarks:

Restricted

Stock

Units Stock

Units

/s/ Lauren McKeon, Attorney-	07/17/2024
in-Fact	0//1//2024

** Signature of Reporting Person Date

Derivative Security

Amount o Number

Shares

37

55

\$201.19

\$201.19

(Instr. 3 and 4)

Title

Commoi

Stock

Common

Stock

Owned

Following

Reported

Transaction(s) (Instr. 4)

13,937⁽³⁾

20,554

or Indirect

(I) (Instr. 4)

D

D

(Instr. 4)

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).

07/15/2024

07/15/2024

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

v

Code

A

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.