Edgar Filing: REPUBLIC SERVICES INC - Form 4

	SERVICES INC									
Form 4	2009									
December 09								OMB A	PPROVAL	
FORM	4 UNITED S	TATES SECUR Was	ITIES Al			IGE (COMMISSION	OMB Number:	3235-0287	
Check this box								Expires:	January 31, 2005	
subject to Section 10	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated average burden hours per			
Form 4 or							response	•		
Form 5	· ·	uant to Section 10	· /			U				
obligation may conti) of the Public Ut	•	.				n		
<i>See</i> Instru 1(b).		30(h) of the In	vestment	Company	/ Act	of 194	10			
(Print or Type R	esponses)									
TRANI JOHN M Symbol			Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer				
REPUBI			BLIC SERVICES INC [RSG]				(Check all applicable)			
			of Earliest Transaction /Day/Year) 2008			_X_ Director Officer (give	title Oth	Owner er (specify		
STANFORD	D DRIVE						below)	below)		
(Street) 4. If Amer			ndment, Date Original			6. Individual or Joint/Group Filing(Check				
	onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
FARMINGT	CON, CT 06032						Person		porting	
(City)	(State) (2	Zip) Table	e I - Non-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	on(A) or Dis (D) (Instr. 3, 4	sposed 4 and 5 (A) or	of 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)		
Common			Code V	Amount	(D)	Price				
Stock, \$.01 par value	12/05/2008		А	10,058	А	<u>(1)</u>	10,058	D		

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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
1 8	Director	10% Owner	Officer	Other			
TRANI JOHN M C/O JOHN M. TRANI, LLC 30 STANFORD DRIVE FARMINGTON, CT 06032	Х						
Signatures							
/s/ Jo Lynn White, Attorney-in-Fact		12/09/2008					
**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).

Acquired in exchange for 22,351 shares of Allied Waste Industries, Inc. ("Allied") common stock in connection with the merger of Allied with and into a wholly owned subsidiary of the Issuer (the "Merger"). At the effective time of the Merger, the market price of Allied

(1) common stock was \$10.10 per share and the market price of the Issuer common stock was \$22.60 per share. The shares acquired include 5,944 shares of restricted stock issued to the Reporting Person under the Republic Services, Inc. 2005 Non-Employee Director Equity Compensation Plan (f/k/a Allied Waste Industries, Inc. 2005 Non-Employee Director Equity Compensation Plan).

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.