## Edgar Filing: Waste Connections, Inc. - Form 4

Waste Conn	ections, Inc.											
Form 4												
July 29, 201												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										PROVAL		
. •	••• UNITED :	STATES S		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287		
Check the	nis box		vv a:	sinigton,	, <b>D.C. 2</b> 0	549				January 31,		
if no longer STATEMENT OF CHAN				IGES IN BENEFICIAL OWNERSHI					Expires:	2005		
subject t Section	0					SECURITIES				verage		
Form 4 o									burden hours per response 0.5			
Form 5	Filed pur	suant to Se	ection 1	6(a) of th	e Securi	ties E	Exchange	Act of 1934,				
obligation may con								1935 or Section	ı			
See Instr		30(h) o	of the In	vestment	Compar	ny Ac	ct of 1940	0				
1(b).												
(Print or Type	Desponses)											
(I fint of Type	(Kesponses)											
1. Name and A	Address of Reporting 1	Person *	2 Issue	r Name <b>and</b>	I Ticker or	Tradi	no	5. Relationship of	Reporting Pers	on(s) to		
HALL DAVID M Symbol				er Name <b>and</b> Ticker or Trading				Issuer				
			•	e Connections, Inc. [WCN]								
(Last)	(First) (N	Aiddle)	3 Date of	f Earliest Ti	ransaction	-	-	(Check	k all applicable	)		
()	() (-			th/Day/Year)				Director 10% Owner				
3 WATERWAY SQUARE 07/28/2				-				_X_ Officer (give title Other (specify below)				
PLACE, SUITE 110								below) below) Vice President				
	(Street)	/	1 If Ame	ndment D	ate Origing	1		6 Individual or Io	int/Group Filin	g(Check		
				endment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)				
1 1100(140)				nur Day Tear)				_X_ Form filed by One Reporting Person				
THE WOO	DLANDS, TX 77	380						Form filed by M Person	ore than One Rej	porting		
(City)	(State)	(Zip)										
(City)	(State)	(21)	Tabl	le I - Non-I	Derivative	Secui	rities Acqu	iired, Disposed of,	, or Beneficiall	y Owned		
1.Title of	2. Transaction Date			3. T	4. Securi			5. Amount of	6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution I any	Date, if	Transactic Code	(Instr. 3,			Securities Beneficially	Ownership Form: Direct	Indirect Beneficial		
(		(Month/Day	y/Year)		(		- /	Owned	(D) or	Ownership		
								Following	Indirect (I)	(Instr. 4)		
						(A)		Reported Transaction(s)	(Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common							\$					
Stock	07/28/2014			S	9,161	D	φ 48.129	33,204	D			
Stook												

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)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	<ol> <li>5.</li> <li>ctionNumber of</li> <li>Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)</li> </ol>	Expiration E (Month/Day e			le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships							
		Director	10% Owner	Officer	Other				
HALL DAVID M 3 WATERWAY SQ SUITE 110 THE WOODLANDS				Vice President					
Signatures									
David Hall	07/29/201	4							
<u>**</u> Signature of	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.

Reporting Person