Edgar Filing: Waste Connections, Inc. - Form 4

| Waste Conne Form 4 | | | | | | | | |
|---|--|--|---|--|------------------------|--|--|--|
| March 05, 20 | | | | OMB AF | PROVAL | | | |
| FORM | UNITED STAT | CS SECURITIES AND EXCHANGE Washington, D.C. 20549 | COMMISSION | OMB Number: | 3235-0287 | | | |
| Check th if no long subject to Section 1 Form 4 o | 6. STATEMENT | OF CHANGES IN BENEFICIAL OW SECURITIES | VNERSHIP OF | Expires: Estimated a burden hour | rs per | | | |
| Form 4 or Form 5 obligations may continue.response0.5See Instruction 1(b).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 19400.5 | | | | | | | | |
| (Print or Type I | Responses) | | | | | | | |
| 1. Name and A Schreiber So | ddress of Reporting Person <u>*</u> cott Irving | 2. Issuer Name and Ticker or Trading Symbol Waste Connections, Inc. [WCN] | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| (Last) 3 WATERV PLACE, SU | (First) (Middle) VAY SQUARE ITE 110 | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2015 | (Check all applicable) Director 10% Owner XOfficer (give title Other (specify below) Vice President | | | | | |
| | (Street) | 4. If Amendment, Date Original Filed(Month/Day/Year) | hth/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person | | | | | |
| THE WOOI | DLANDS, TX 77380 | | Form filed by M Person | lore than One Re | porting | | | |
| (City) | (State) (Zip) | Table I - Non-Derivative Securities Advised to the securities Advised to | equired, Disposed of, | , or Beneficial | ly Owned | | | |
| 1.Title of Security (Instr. 3) | any | eemed 3. 4. Securities Acquired tion Date, if Transaction(A) or Disposed of Code (D) h/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price | Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | | | |
| Common Stock | 03/03/2015 | S 4,482 D ^{\$} 47.5 | 8,713 | 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. Transact Code (Instr. 8) | 5. iorNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--------------------------------------|--|---------------------|--------------------|--|--|---|--|
| | | | Code V | ⁷ (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|--|-----------|---------------|----------------|---------|-------|--|--|--|
| | | Director | 10% Owner | Officer | Other | | | |
| Schreiber Scott Irving 3 WATERWAY SQU SUITE 110 THE WOODLANDS | | | Vice President | | | | | |
| Signatures | | | | | | | | |
| Scott Schreiber | 03/05/202 | 15 | | | | | | |
| <u>**Signature of</u> | 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