Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

OMB APPROVAL OMB Number: Estimated average burden 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 Bhasin Puneet | | | | | | WASTE MANAGEMENT INC [WM] | | | | | | | | (Check all applicable) Director 10% Owner | | | | | | |
|--|---|--|---|-----------------|--|---|-------|---|--|---------|-------------------------|---|--|--|--|---|----|--|--|--|
| (Last) 1001 FA | (First) (Middle) FANNIN, SUITE 4000 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/30/2015 | | | | | | | | ^ k | Officer (give title Other (spe below) EVP Corp Op & Pres WM Recycli | | | | | |
| (Street) HOUST(| OUSTON TX 77002 | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | e) <mark>X</mark> F | | | | | | | |
| | | Tak | le I - I | Non-Der | ivativ | e Sec | curit | ties Ad | quire | d, D | isposed o | f, or Be | eneficia | lly Ov | vned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | Benefic Owned | | es Fo ially (D Following (I) | | n: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Tr | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 10/30/2 | | | 2015 | 5 | | M | | 15,201 | A | \$34.93 | 5 | 53,284.134 | | | D | | | | | |
| Common | Stock | | | 10/30/2 | 2015 | | | | S | | 12,095 | D | \$54.049 | 2(1) | 41,18 | 41,189.134 D | | | | |
| | | | Table | | | | | | | | posed of, , converti | | | / Owr | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | | | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | ate | 7. Title and Amor of Securities Underlying Derivative Securi (Instr. 3 and 4) | | Deriv Secu | . Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Stock Option (Right to Buy) ⁽²⁾ | \$34.935 | 10/30/2015 | | | M | | | 15,201 | 03/09/ | /2013 | 03/09/2022 | Commor Stock | 15,201 | \$34 | .935 | 0.0000 | | D | | |

Explanation of Responses:

- 1. This transaction was executed in multiple trades at prices ranging from \$54.04 to \$54.06. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- 2. Stock option granted pursuant to Waste Management, Inc. 2009 Stock Incentive Plan. The stock option vests 25% on the first and second anniversary of the date of grant with the remaining 50% on the third anniversary of the date of grant.

Courtney Tippy

11/03/2015

** Signature of Reporting Person

Date

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).
- ** 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.

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.