FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

| washington, | D.C. | 20349 | |
|-------------|------|-------|--|
| | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|----------------------|-------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | | |
| Estimated average b | urden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

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

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

| Name and Address of Reporting Person* HOLT VICTORIA M | | | | | 2. Issuer Name and Ticker or Trading Symbol WASTE MANAGEMENT INC [WM] | | | | | | | | | 5. Relationship of Reporting Person(s) to Iss Check all applicable) X Director 10% Own | | | | | |
|--|--|--|--------------|-----------------------------------|---|--|-----|--|---------------------|---|--------------------|---|--------------|--|----------------------|--|--|------------|--|
| (Last) 800 CAP | (Fir | st) (N EET, SUITE 300 | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/15/2021 | | | | | | | | Officer (give title below) | | | Other (s below) | specify | |
| (Street) HOUST(| | | 7002 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | Form | or Joint/Group Filing (Check Applicable In filed by One Reporting Person In filed by More than One Reporting In filed by More than One Reporting In filed by More than One Reporting | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Execution Date, | | 3. 4. Securities Acquire Disposed Of (D) (Inst. 8) 5. | | | | 5. Amount of Securities Beneficially Owned Following Reported | | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) o (D) | Price | е | Transa | ction(s) 3 and 4) | ion(s) | | (111501.4) | |
| Common Stock ⁽¹⁾ 07/15/20 | | | | | 021 | | | A | | 571 | A | \$14 | 4.48 | 19 | 9,333 | | D | | |
| | 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) | if any | emed tion Date, n/Day/Year) | | saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | - | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | of Shares | | | | | | |

Explanation of Responses:

1. Stock award granted pursuant to Waste Management, Inc. 2014 Stock Incentive Plan.

Courtney Tippy, Attorney-in-

<u>fact</u>

** Signature of Reporting Person Date

07/19/2021

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.