FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	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*						Issuer Name and Ticker or Trading Symbol								Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Aardsma David A						WASTE MANAGEMENT INC [WM]								к ан аррно Directo	,		10% Ow	ner	
														Officer below)	(give title		Other (spector)	pecify	
(Last) (First) (Middle) 1001 FANNIN STREET							3. Date of Earliest Transaction (Month/Day/Year) 06/16/2011							Sr. VP, Sales and Marketing					
SUITE 4000																			
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)											Line)	*							
HOUST	ON T	X	77002											Form filed by More than One Reporting					
(City)	(S	State) (Zip)												Person	1				
		Tab	le I - Non	-Deriv	ativ	e Se	curities	s Ac	auired. Di	sposed	of. or Be	enefic	ially	Owned					
1. Title of Security (Instr. 3) 2. Transac						ative Securities Acquired, Disposed of, or Benefiction 2A. Deemed 3. 4. Securities Acquired (A								5. Amour	nt of	6. Own		7. Nature	
Date (Month/Da					Day/Ye	ear) i	Execution Date, if any (Month/Day/Yea		Code (Ins		Disposed Of (D) (Instr. 3, 4		and	Beneficia	Securities Beneficially Owned Following		ndirect E	of Indirect Beneficial Ownership	
									Code V	e V Amount (A) or (D)		or Pr	ice					(Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of	2.	3. Transaction	3A. Deemed		4.	-	5. Numb		6. Date Exerc		7. Title a		- -	3. Price of	9. Number	of 1	10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution D if any (Month/Day/	ate, T	Transa Code (1 B)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Day	of Securities Underlying Derivative Security (Instr. 3 and 4)			Derivative Security (Instr. 5)	derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)		
												Amo or	unt						
						,,	(0)		Date	Expiration	Title	Num of							
Phantom				- 10	Code	V	(A)	(D)	Exercisable	Date	Title	Shar	es						
Stock Units ⁽¹⁾	\$0.0000	06/16/2011	06/16/20:	11	A		5.2892		08/08/1988	08/08/1988	Common Stock	5.28	392	\$0.0000	2,483.6103	3 ⁽²⁾	D		

Explanation of Responses:

- 1. Phantom stock units accrued under the Waste Management, Inc. 409A Deferral Savings Plan, a supplemental retirement savings plan. A phantom stock unit is equivalent to one share of Common Stock.
- 2. Participant's Company stock fund account on any given date may not exactly equal the number of share equivalents represented by a prior balance plus additions due to variables affecting the determination of Company stock fund unit values under the Plan on any such date.

Linda J. Smith, Attorney-in-

06/17/2011

<u>fact</u>

** 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.