SEC Form 4	
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# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

l	OMB Number:	3235-0287
	Estimated average bur	den
	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 <sup>*</sup> <u>CASELLA DOUGLAS R</u>			2. Issuer Name and Ticker or Trading Symbol <u>CASELLA WASTE SYSTEMS INC</u> [ CWST ]		ationship of Reporting Pers k all applicable) Director	son(s) to Issuer 10% Owner				
(Last) C/O CASELLA	(First) WASTE SYSTE	(Middle) MS, INC.	3. Date of Earliest Transaction (Month/Day/Year) 09/29/2023	X VIC	Officer (give title below) CE CHAIRMAN, BD C	Other (specify below) OF DIRECTORS				
25 GREENS HILL LANE			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line) X	(Check Applicable					
(Street) RUTLAND	VT	05702			Form filed by More than Person	One Reporting				
(City)	(State)	(Zip)	Rule 10b5-1(c) Transaction Indication	*						
			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V		Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)	
Class A Common Stock								134,742	D		
Class B Common Stock	09/29/2023		G		131,000 <sup>(1)</sup>	D	\$ <mark>0</mark>	169,000	D		
Class B Common Stock	09/29/2023		G		131,000(1)	A	\$ <u>0</u>	131,000	Ι	By SLAT <sup>(2)</sup>	
Class B Common Stock								194,100	Ι	By Spouse <sup>(3)</sup>	

# 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of	ired r osed ) : 3, 4	Expiration Date (Month/Day/Year)		Expiration Date Amount o			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v			Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Represents a gift of shares to a Spousal Lifetime Access Trust ("SLAT") for the benefit of Mr. Casella's spouse. Mr. Casella's spouse is the trustee of the SLAT.

2. Held by the SLAT for the benefit of Mr. Casella's spouse SLAT. Mr. Casella's spouse is the trustee of the SLAT. Mr. Casella disclaims beneficial ownership of the securities indicated to the extent to which he does not have an actual pecuniary interest in such securities.

3. Held by Mr. Casella's spouse. Mr. Casella disclaims beneficial ownership of the securities indicated to the extent to which he does not have an actual pecuniary interest in such securities.

Remarks:

## <u>/s/ Douglas R. Casella</u>

10/03/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  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.