Edgar Filing: CHAMBLISS DARRELL W - Form 4

CHAMBLIS Form 4 February 03,	2009	W									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
		SECURITIES AND EXCHANGE CON Washington, D.C. 20549				COMMISSION	OMB Number:	3235-0287			
Check this box if no longer subject to STATEMENT O									Expires:	January 31, 2005	
			F CHAN			ICIA	LOW	NERSHIP OF	Estimated average		
Section 16.				SECUR	ITIES				burden hou	ourden hours per	
Form 5 Filed pursuant to Sec			Section 1	6(a) of the	o Socurit	ios F	vohona	a A at of 1034	response	0.5	
obligation	ns Section 1						-	f 1935 or Section	n		
may cont See Instru	inue.			vestment	•						
1(b).	action	()			1	5					
(Print or Type F	Responses)										
1. Name and A CHAMBLIS	2. Issuer Name and Ticker or Trading Symbol				ng	5. Relationship of Reporting Person(s) to Issuer					
			-	WASTE CONNECTIONS INC/DE				(Check all applicable)			
			[WCN]								
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction			Director	10%	Owner	
			(Month/D	(Month/Day/Year)				XOfficer (give titleOther (specify below) below)			
35 IRON POINT CIRCLE, SUITE			02/01/2009					EVP & COO			
200											
			4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mor	nth/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person			
FOLSOM, O	CA 95630								fore than One Re		
(City)	(State)	(Zip)	Tabl	o I Non D	anivativa	Same	iting A am	wined Disposed of	e on Donoficial	ly Owned	
							_	uired, Disposed of		-	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date any (Month/Day/			Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	6. Ownership 7. N Form: Direct Indi (D) or Ben Indirect (I) Own	Indirect	
		(Information	Jayrical) (Illisti. 6)			Following		(Instr. 4)			
						(A)		Reported Transaction(s)			
				~		or		(Instr. 3 and 4)			
Common				Code V	Amount 1,398	(D)	Price \$				
Stock (1)	02/01/2009			F	(<u>1)</u>	D	\$ 29.02	129,304	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: CHAMBLISS DARRELL W - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CHAMBLISS DARRELL W							
35 IRON POINT CIRCLE			EVP &				
SUITE 200			COO				
FOLSOM, CA 95630							
Signatures							

Darrell 02/03/2009 Chambliss

<u>**</u>Signature of Reporting Person 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).

Represents shares withheld by the Company from an award of restricted stock units in satisfaction of the applicable withholding taxes due

(1) as a result of the vesting of those restricted stock units, through an automatic share withholding procedure. Pursuant to this procedure the Company withholds, as the units vest, a portion of the vested shares issuable under the award with a fair market value (measured as of the vesting date) equal to the amount of such withholding taxes.

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.