FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*     CRETNEY TIMOTHY A					2. Issuer Name and Ticker or Trading Symbol CASELLA WASTE SYSTEMS INC CWST ]								(Ch	eck all app Direc	olicable)	10% (	Person(s) to Issuer  10% Owner  Other (specify	
(Last)	(Last) (First) (Middle) C/O CASELLA WASTE SYSTEMS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/11/2009								belov	w) "	below ce President	)
25 GREENS HILL LANE					4. If Amendment, Date of Original Filed (Month/Day/Year) 07/06/2009								Individual or Joint/Group Filing (Check Applicable Line)					
(Street) RUTLAND VT 05701														Form	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(Si	tate) (	Zip)															
		Tab	le I - Non-I	Deriva	ative S	Sec	uritie	es Ac	quired, l	Disp	osed	of, or B	enefi	icial	ly Owne	ed		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)				Execution Date,			Code (Ir	Transaction Disposed Of (D) (Instr. Code (Instr. and 5)			3, 4 Secui		rities F ficially (I d II	6. Ownership Form: Direct (D) or ndirect (I) Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amou	nt (A) or (D)		Price	Repor Trans		(111501.4)	(111501. 4)	
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 Da if any (Month/Day/Y	c	4. Transaction Code (Instr. 8)		n Number E		5. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		G G S	3. Price of Derivative Security Instr. 5)	9. Number of 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		oiration e	Title	Amou or Numb of Share	oer				
Restricted Stock Unit	(1)	06/11/2009			A		0(2)		(2)		(3)	Class A Common Stock	0		\$0	0	D	

## Explanation of Responses:

- 1. Represents the award of Restricted Stock Units ("RSUs") under the Casella Waste Systems, Inc. ("Casella") 2006 Stock Incentive Plan. Each RSU represents a contingent right to receive one share of Casella's Class A Common Stock.
- 2. RSUs reported on this Form 4 shall vest in three equal annual installments beginning on the first anniversary of the Grant Date. The grant to the Reporting Person reported on this Form 4 also includes RSUs that vest upon achievement by Casella of specified performance measures. These RSUs will be reported upon vesting pursuant to Section 16(a) of the Securities Exchange Act of 1934 and applicable regulations thereunder.
- 3. Upon vesting, the Reporting Person is entitled to receive one share of Casella's Class A Common Stock per vested Restricted Stock Unit.

/s/ Timothy A. Cretney 07/31/2009

\*\* 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.