## FORM 4

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

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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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

1. Name and Address of Reporting Person*  LARKIN PAUL  (Last) (First) (Middle)  C/O CASELLA WASTE SYSTEMS, INC. 25 GREENS HILL LANE  (Street)  RUTLAND VT 05701					CAS CWS 3. Dat 06/10	2. Issuer Name and Ticker or Trading Symbol CASELLA WASTE SYSTEMS INC [ CWST ]  3. Date of Earliest Transaction (Month/Day/Year) 06/10/2010  4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner     X Officer (give title Other (specify below)     President & COO      6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(51	ate) (	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Date,						ies Acquii Of (D) (In		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	ion(s)	(Instr. 4)				
Class A Common Stock 06/11/2					2010		M <sup>(4)</sup>		17,130	) A	\$ <mark>0</mark>	24,352		D					
			Tabl						,		sed of, or		-	vned					
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date or Exercise (Month/Day/Year) if any			med on Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative					7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares		Transacti (Instr. 4)	on(s)			
Restricted Stock Unit	(1)	06/10/2010			A		38,618 <sup>(2)</sup>		(2)		(2)	Class A Common Stock	38,618	\$0	38,61	8	D		
Restricted Stock Unit	(1)	06/11/2010			M <sup>(4)</sup>		17,130		(3)		(3)	Class A Common Stock	17,130	\$0	34,260	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 vest in three equal annual installments beginning on June 10, 2011. These RSUs will be reported upon vesting pursuant to Section 16(a) of the Securities Exchange Act of 1934 and applicable regulations thereunder.
- 3. RSUs vest in three equal annual installments beginning on June 11, 2010. These RSUs will be reported upon vesting pursuant to Section 16(a) of the Securities Exchange Act of 1934 and applicable regulations thereunder.
- 4. Reflects the settlement of vested RSUs for shares of Class A Common Stock.

/s/ Shelley S. Rogers, Attorney in Fact for Paul Larkin

\*\* 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.