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

| | | | 2. Issuer Name and Ticker or Trading Symbol CASELLA WASTE SYSTEMS INC | | | | | | | | | ship of Reporting Person(s) to Issuer Ipplicable) | | | ssuer | | |
|--|---|--|--|-----------------------------|--|--|------------------------------------|------|---|--|------|---|---|---|---|--------------|--|
| PETERS GREGORY B | | | | | CWST] | | | | | | | | Direc | | |)% Ov | |
| (Last) C/O CAS | (Last) (First) (Middle) C/O CASELLA WASTE SYSTEMS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/16/2004 | | | | | | | | er (give title w) | | ther (selow) | specify |
| 25 GREENS HILL LANE | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | Х | Form filed by One Reporting Person | | | | |
| RUTLAND VT 05701 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | orting | |
| (City) | (Sta | ate) (Z | ľip) | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) Date (Month/Day | | | | | Execution Date, | | Transaction D | | 4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5) | | | 3, 4 Secur | | icially d | 6. Owners Form: Dire (D) or Indirect (I) (Instr. 4) | ct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | Code | v | Amount | (A) o (D) | Pric | Rep Price Trai | | | (11150. 4) | | (1150.4) |
| Class A Common Stock 07/16/2 | | | | |)04 | | S | | 1,000 |) D \$ | | 2.75 | 16,684 | | D | | |
| | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Yea | 4. Trans Code) 8) | | 5. Number of Derivative Securities | 6. Date E Expiratio (Month/D | n Da | | nd 7. Title and Amount of Securities Underlying Derivative | | 8. Pri of Deriv Secu | ative rity | 9. Number of derivative Securities Beneficially Owned | Owners Form: Direct | hip D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

| | (1130.3) | Derivative Security | (monuli, bay, real) | | | Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Derivative Security (Instr. 3 and 4) | | (Instr. 5) | Owned Following Reported Transaction(s) (Instr. 4) | or Indirect (I) (Instr. 4) | (Instr. 4) | |
|--|------------|------------------------|---------------------|---|-----|--|---------------------|--------------------|--|--|------------|--|----------------------------------|------------|--|
| | | | Code | v | (A) | ,) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| | Explanatio | of Boonone | | | | | | | | | | | | | |

Explanation of Responses:

/s/ Gregory B. Peters

** Signature of Reporting Person Date

07/19/2004

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.