SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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 Ad	•	2. Date of Event Requiring Stater (Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol <u>CASELLA WASTE SYSTEMS INC</u> [CWST]							
25 GREENS (Street)	C/O CASELLA WASTE SYSTEMS, INC. 5 GREENS HILL LANE treet)		06/01/2005			ionship of Reporting Per all applicable) Director Officer (give title below) Vice President, Sales	10% Own Other (spe below)	er	5. If Amendment, Date of Original Filed (Month/Day/Year) 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)	VT (State)	(Zip)	Table I - Nor			curities Beneficial	y Owned	in	4. Nati		Beneficial Ownership
						ally Owned (Instr. 4)	1		(Instr. 5)		
		(rities Beneficially ptions, convertible		s)			
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable an Expiration Date (Month/Day/Year)		nd 3. Title and Amount of Secu Underlying Derivative Secu 4)		rity (Instr. Conv		rsion	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Exerci Price c Deriva Securi	of tive	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

/s/William Hanley

** Signature of Reporting Person Date

06/07/2005

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 5 (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.