FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

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 A Sova Gary	orting Person [*]	2. Date of E Requiring S (Month/Day 06/15/202	statement /Year)	3. Issuer Name and Ticker or Trading Symbol CASELLA WASTE SYSTEMS INC [CWST]					
(Last) 25 GREENS (Street) RUTLAND	VT	05701			4. Relationship of Reportsuer (Check all applicable) X Director Officer (give title below)	10% (Owner (specify	A Person	int/Group Filing Line) by One Reporting by More than One
(City)	(State)	(Zip)							
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)				E	2. Amount of Securities Beneficially Owned (Inst 4)	r. Form: I (D) or I	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) 4. Nature of Indir Ownership (Instr		
Class A Common Stock					100)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
Expirati (Month/l			2. Date Exerc Expiration Day/\ (Month/Day/\	ate	3. Title and Amount o Underlying Derivative (Instr. 4)		4. Conversion	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

/s/ Shelley E. Sayward,

Attorney in Fact for Gary 06/16/2021

Sova

** 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 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.